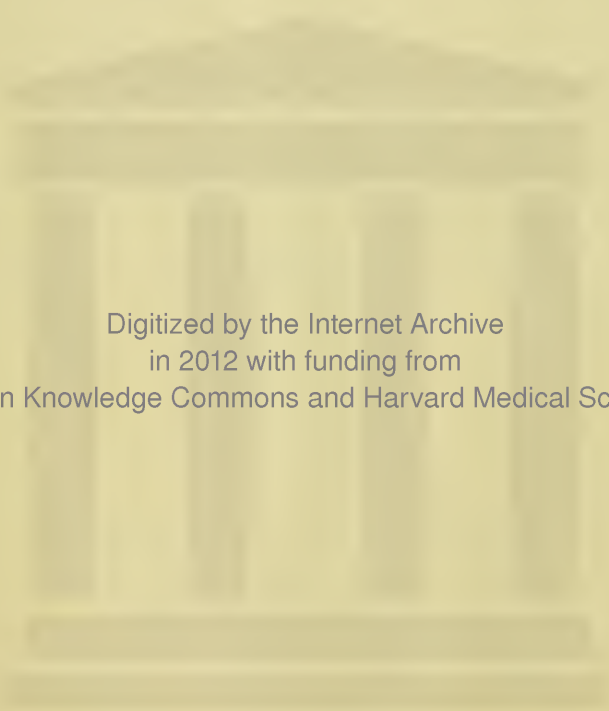


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VOLUME II

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THE MEDICAL SCHOOL

1905 - 06

SECOND EDITION



Published by Harvard University
CAMBRIDGE, MASS.

Archives

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ANNOUNCEMENT
OF THE
MEDICAL SCHOOL
(688 BOYLSTON STREET, BOSTON, MASS.)
OF
HARVARD UNIVERSITY
FOR
1905-06

SECOND EDITION



CAMBRIDGE, MASS.
Published by the University
1905

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MEDICAL SCHOOL CALENDAR.

1905.

- Sept. 21, Thursday.* Examinations begin for applicants for advanced standing, and for men previously conditioned.
- Sept. 27, Wednesday.* Examination in Chemistry for admission.
- Sept. 28, Thursday.* Academic Year begins. Registration of Students.
- Oct. 2, Monday.* Last day for receiving applications for the Bullard Fellowships.
- Nov. 1, Wednesday.* Last day for receiving essays for the William H. Thorndike Prize.
- Nov. 30, Thursday.* Thanksgiving Day: a holiday.
- Nov. 30, Thursday.* Last day for receiving applications for the Cheever and Hayden Scholarships.

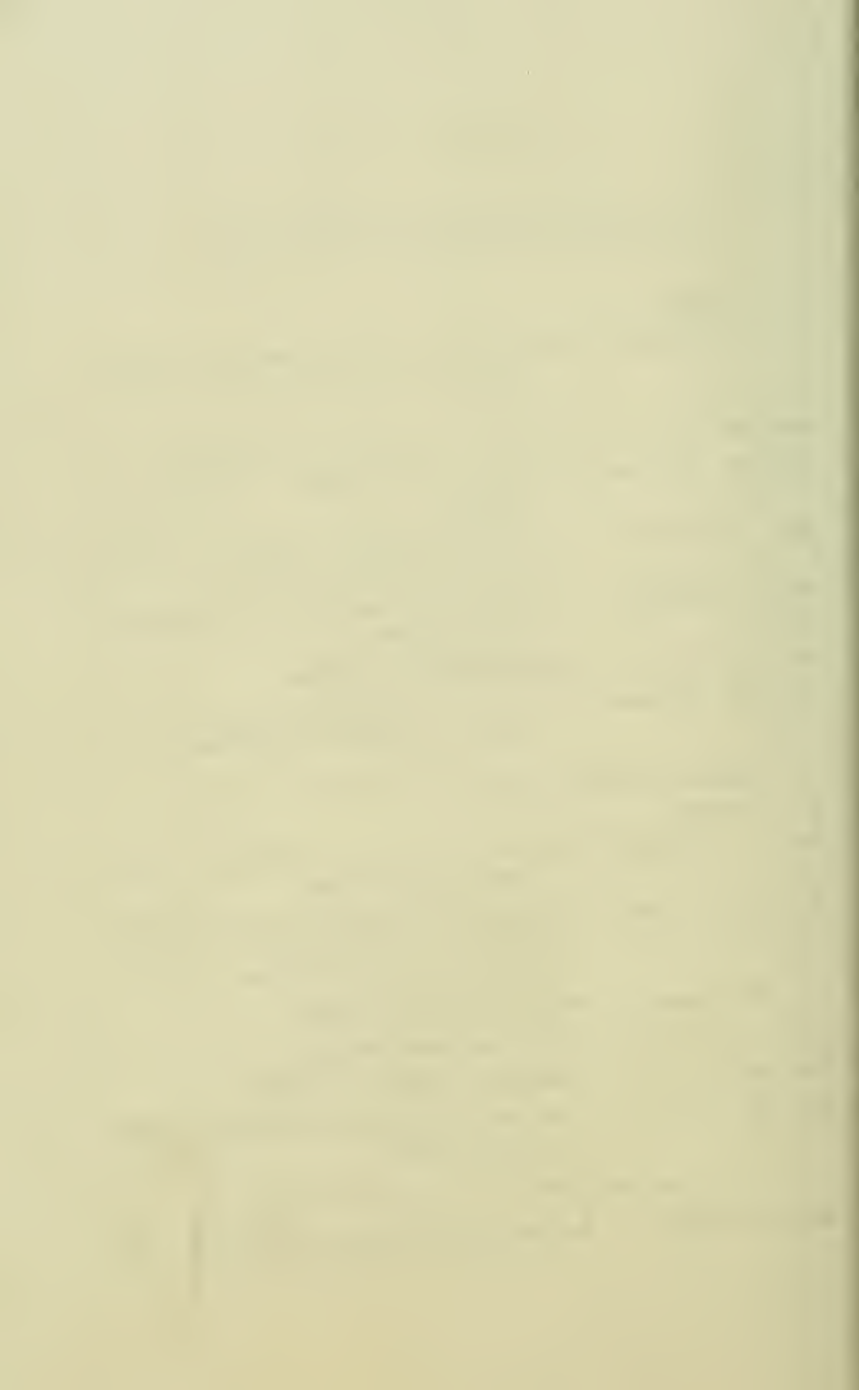
RECESS FROM DEC. 23, 1905, TO JAN. 2, 1906, INCLUSIVE.

1906.

- Jan. 1, Monday.* Last day for receiving dissertations for the Boylston Medical Prizes.
- Jan. 13, Saturday.* Last day for receiving applications from students in the Professional Schools to be qualified for the degree of A.M. in 1906.
- Jan. 30, Tuesday.* Mid-year Examinations begin.
- Feb. 1, Thursday.* Second half-year begins.
- Feb. 22, Thursday.* Washington's Birthday: a holiday.
- Mar. 31, Saturday.* Last day for receiving dissertations for the Bowdoin Prizes.

RECESS FROM APRIL 15 TO APRIL 21, INCLUSIVE.

- May 1, Tuesday.* Last day for receiving dissertations for the Dante, Toppan, and Sumner Prizes.



- May 1, Tuesday.* Last day for receiving applications of candidates for the degree of M.D. in 1906.
- May 30, Wednesday.* Memorial Day: a holiday.
- June 1, Friday.* Last day for receiving applications for Scholarships for 1906-07 (except the Cheever and Hayden Scholarships).
- June 1, Friday.* Examinations begin.
- June 27, Wednesday.* Commencement.
- June 28, Thursday.* Examination in Chemistry for admission.
- SUMMER VACATION OF THIRTEEN WEEKS, FROM COMMENCEMENT TO SEPTEMBER 26, INCLUSIVE.
- Sept. 20, Thursday.* Examinations begin for applicants for advanced standing, and for men previously conditioned.
- Sept. 26, Wednesday.* Examination in Chemistry for admission.
- Sept. 27, Thursday.* Academic Year begins. Registration of Students.
- Oct. 1, Monday.* Last day for receiving applications for the Bullard Fellowships.
- Nov. 1, Thursday.* Last day for receiving essays for the William H. Thorndike Prize.
- Nov. 29, Thursday.* Thanksgiving Day: a holiday.
- Nov. 30, Friday.* Last day for receiving applications for the Cheever and Hayden Scholarships.

THE MEDICAL SCHOOL.

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CHARLES W. ELIOT, A.M., LL.D., PRESIDENT.

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CLARENCE J. BLAKE, M.D., *Professor of Otology.*

J. COLLINS WARREN, M.D., LL.D., HON. F.R.C.S. (Eng.), *Moseley Professor of Surgery.*

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CHARLES A. BRACKETT, D.M.D., *Professor of Dental Pathology.*

THOMAS MORGAN ROTCH, M.D., *Professor of Pediatrics.*

EUGENE H. SMITH, D.M.D., *Professor of Mechanical Dentistry and Orthodontia, and Dean of the Dental School.*

WILLIAM F. WHITNEY, M.D., *Curator of the Anatomical Museum.*

CHARLES S. MINOT, S.D., LL.D., D.Sc., *Professor of Histology and Human Embryology.*

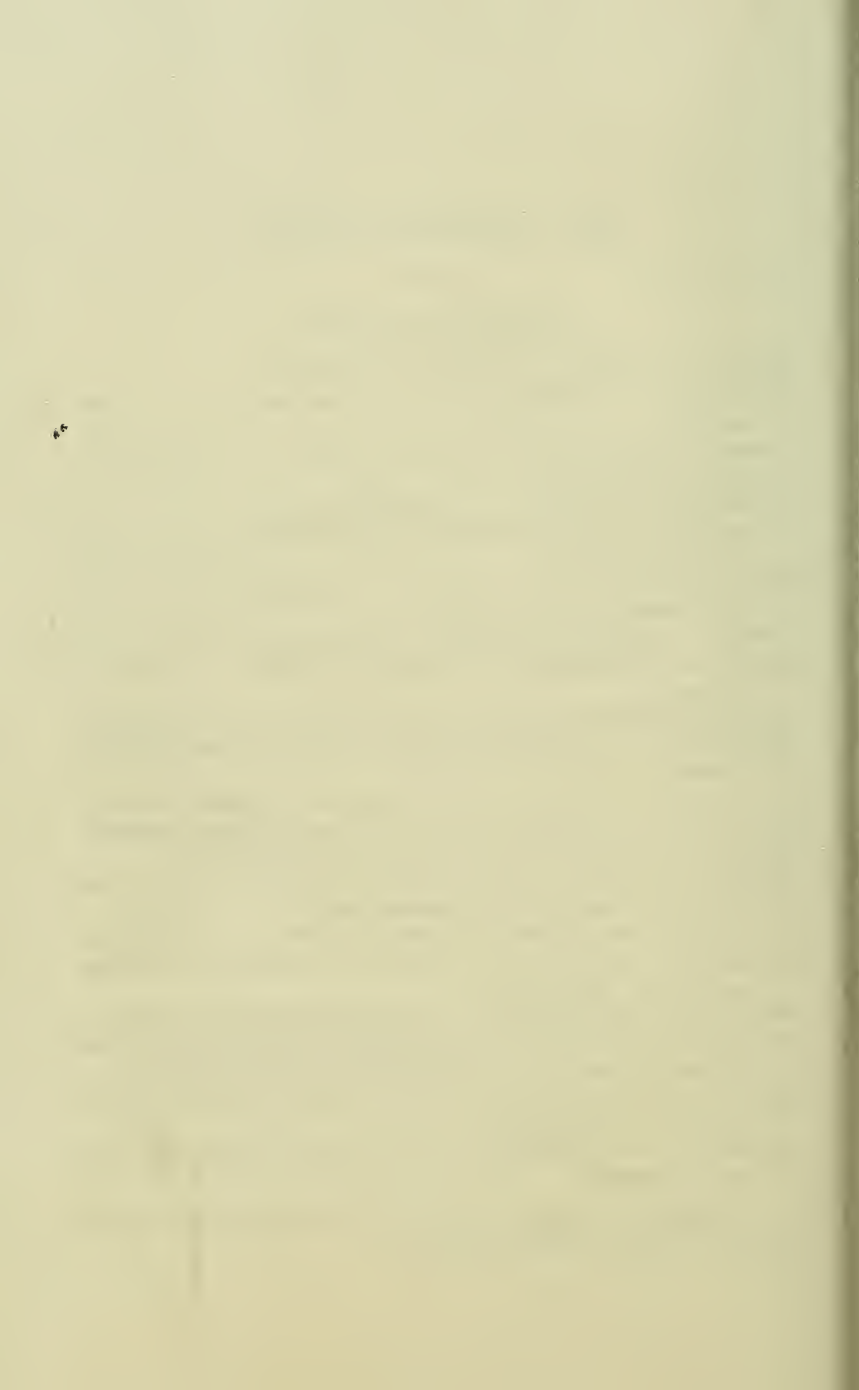
MAURICE H. RICHARDSON, M.D., *Professor of Clinical Surgery.*

CHARLES M. GREEN, M.D., *Associate Professor of Obstetrics and Clinical Gynaecology, and Secretary of the Faculty of Medicine.*

EDWARD C. BRIGGS, M.D., D.M.D., *Professor of Dental Materia Medica and Therapeutics.*

WILLIAM T. COUNCILMAN, M.D., *Shattuck Professor of Pathological Anatomy.*

* Arranged here and elsewhere in the Catalogue, with the exception of the President and Dean, on the basis of collegiate seniority.



HERBERT L. BURRELL, M.D., *Professor of Clinical Surgery.*
 MYLES STANDISH, M.D., *Assistant Professor of Ophthalmology.*
 HAROLD C. ERNST, M.D., *Professor of Bacteriology.*
 CHARLES HARRINGTON, M.D., *Assistant Professor of Hygiene.*
 WILLIAM H. POTTER, D.M.D., *Professor of Operative Dentistry.*
 JOHN T. BOWEN, M.D., *Assistant Professor of Dermatology.*
 GEORGE G. SEARS, M.D., *Assistant Professor of Clinical Medicine.*
 FRANZ PFAFF, M.D., *Professor of Pharmacology and Therapeutics.*
 THEOBALD SMITH, M.D., *George Fabyan Professor of Comparative Pathology.*
 WILLIAM T. PORTER, M.D., *Associate Professor of Physiology.*
 FRANK B. MALLORY, M.D., *Associate Professor of Pathology.*
 EDWARD H. NICHOLS, M.D., *Assistant Professor of Surgical Pathology.*
 WALTER B. CANNON, M.D., *Assistant Professor of Physiology.*
 JOHN WARREN, M.D., *Demonstrator of Anatomy.*

STANDING COMMITTEES FOR THE MEDICAL SCHOOL.

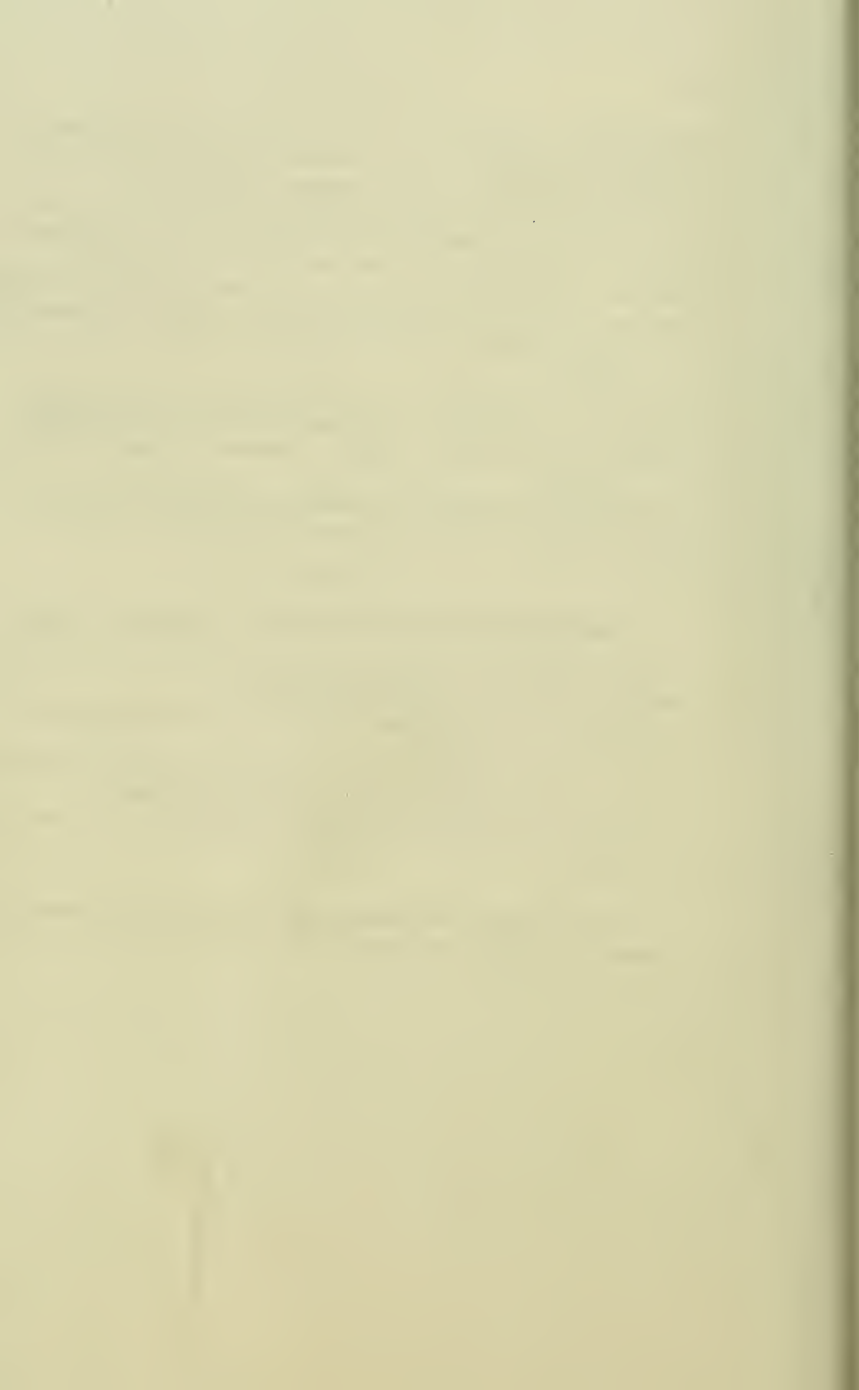
Course of Study. — Dr. Fitz (*Chairman*), and Drs. W. L. Richardson, Shattuck, Minot, Burrell, Porter, and Mallory.

Nominations. — Dr. Bradford, (*Chairman*), and Drs. Ernst, Harrington, Bowen, and Nichols.

Graduate and Summer Courses. — Dr. Mallory (*Chairman*), and Drs. Green, Cannon, Cabot, Joslin, Greenough, and J. Warren.

Admission. — Dr. W. L. Richardson (*Chairman*), and Drs. Green and Mallory.

Students' Health. — Dr. Ernst (*Chairman*), and Drs. Putnam, E. H. Smith, J. B. Blake, and Badger.



THE MEDICAL SCHOOL.

BOSTON.

GENERAL STATEMENT.

Three professorships of Medicine were established at the University in the years 1782 and 1783. The first degrees in Medicine were conferred in 1788. Before 1811, the degree conferred upon graduates of the School was that of BACHELOR OF MEDICINE; beginning with 1811, the degree has been DOCTOR OF MEDICINE. In 1810, the lectures given in Medicine were transferred from Cambridge to Boston, where the first MEDICAL COLLEGE was built in 1815.

The course of study required in this School for the degree of M.D. is of four years' duration. This requirement was established at the beginning of the year 1892-93.

The academic year begins on the Thursday following the last Wednesday in September, and ends on the last Wednesday in June. In order that the time of study shall count as a full year, students of all classes must present themselves on the first day of the school year and register their names with the Secretary.

There is a Christmas recess from December 23 to January 2 inclusive, and a recess of one week's duration in April.

Beginning with the year 1899-1900 a new arrangement of the subjects taught in the first two years was adopted. During the first half of the first year the students devote their time solely to Anatomy and Histology, and during the second half of the first year to Physiology and Physiological and Pathological Chemistry. They devote the first half of the second year to Pathology and Bacteriology, and the remainder of the second year to a variety of subjects which more particularly prepare the student for the clinical work of the third and fourth years.

Experience has shown that this logical arrangement of the subjects of the first two years enables a student to concentrate his energies to a much greater advantage than he can when his attention is divided among several subjects. Each correlated group presents sufficient variety to avoid monotony. Another advantage of this method is that it greatly increases the amount of time which can be devoted to each subject.

In 1902 certain other changes in the curriculum were adopted, to take effect with the class entering in the autumn of that year. The new course

PLAN OF NEW BUILDINGS AND GROUND ADJACENT HOSPITALS AND SITE RESERVE

TREMONT ST

HUNTINGTON AVE

SPACE RESERVED FOR GEN HOSPITAL PURPOSES

ADMINISTRATION

ANATOMY

HISTOLOGY

BACTERIOLOGY

PATHOLOGY

PHYSIOLOGY

PHYS CHEM

PHARMACOLOGY

HYGIENE

INFANT

HOSPITAL

WIL

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ADMINISTRATION

LONGWOOD AVE

WIGGLESWORTH ST

DENTAL SCHOOL

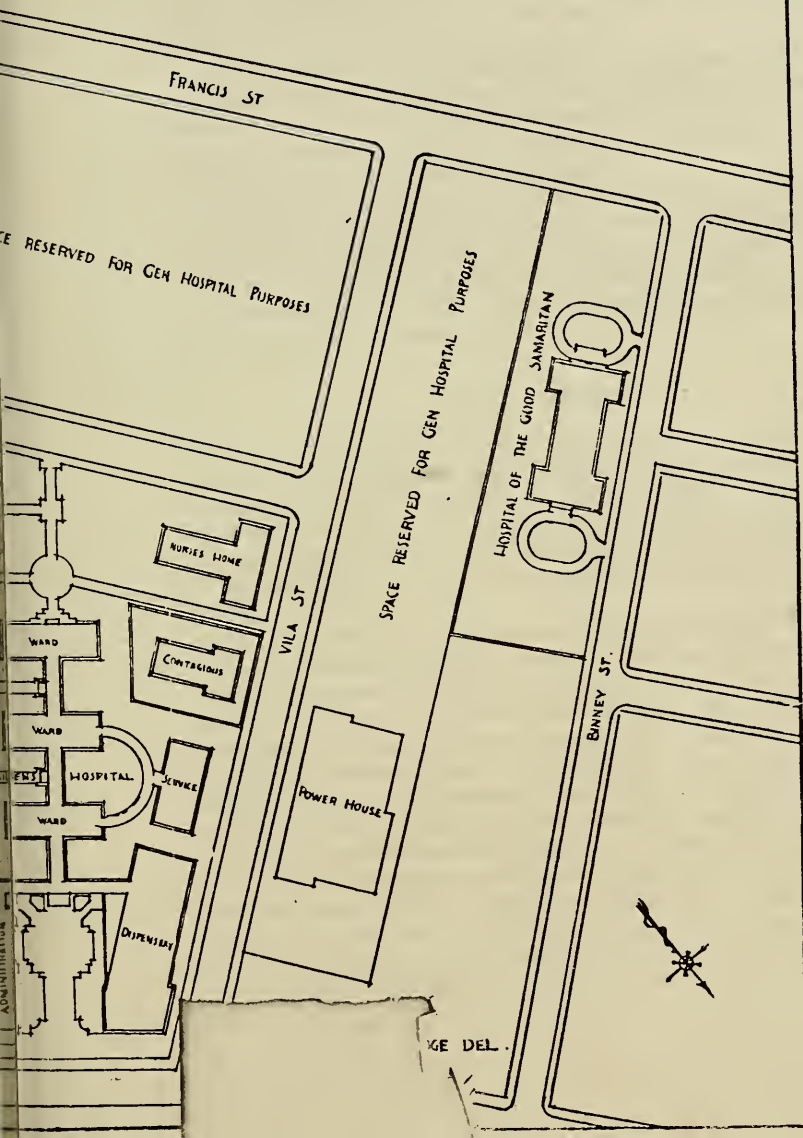
FUTURE EXTENSION

FUTURE EXTENSION

FUTURE EXTENSION

FUTURE EXTENSION

OF HARVARD MEDICAL SCHOOL VED FOR GENERAL HOSPITAL.





of study is so arranged that the first three years are devoted to prescribed work, and the fourth year entirely to elective courses. A minimum of one thousand hours' work will be required of each fourth year student; and courses will be offered adapted to the student who wishes to fit himself to be a general practitioner, and also suitable courses for those who intend to become specialists or teachers in any department of medicine. The new elective curriculum of the fourth year began in the autumn of 1905.

A series of written, oral, and practical examinations on all the required subjects of medical instruction are distributed throughout the four years' course of study. Every candidate for the degree of Doctor of Medicine must pass these examinations in a satisfactory manner, and also fulfil all the other requirements enumerated on page 53.

The degree of Doctor of Medicine *cum laude* is given to candidates who obtain an average of 80 per cent or over in all the required examinations.

Pamphlets descriptive of the many Courses of Study for Graduates, and of the Summer Courses, may be obtained on application.

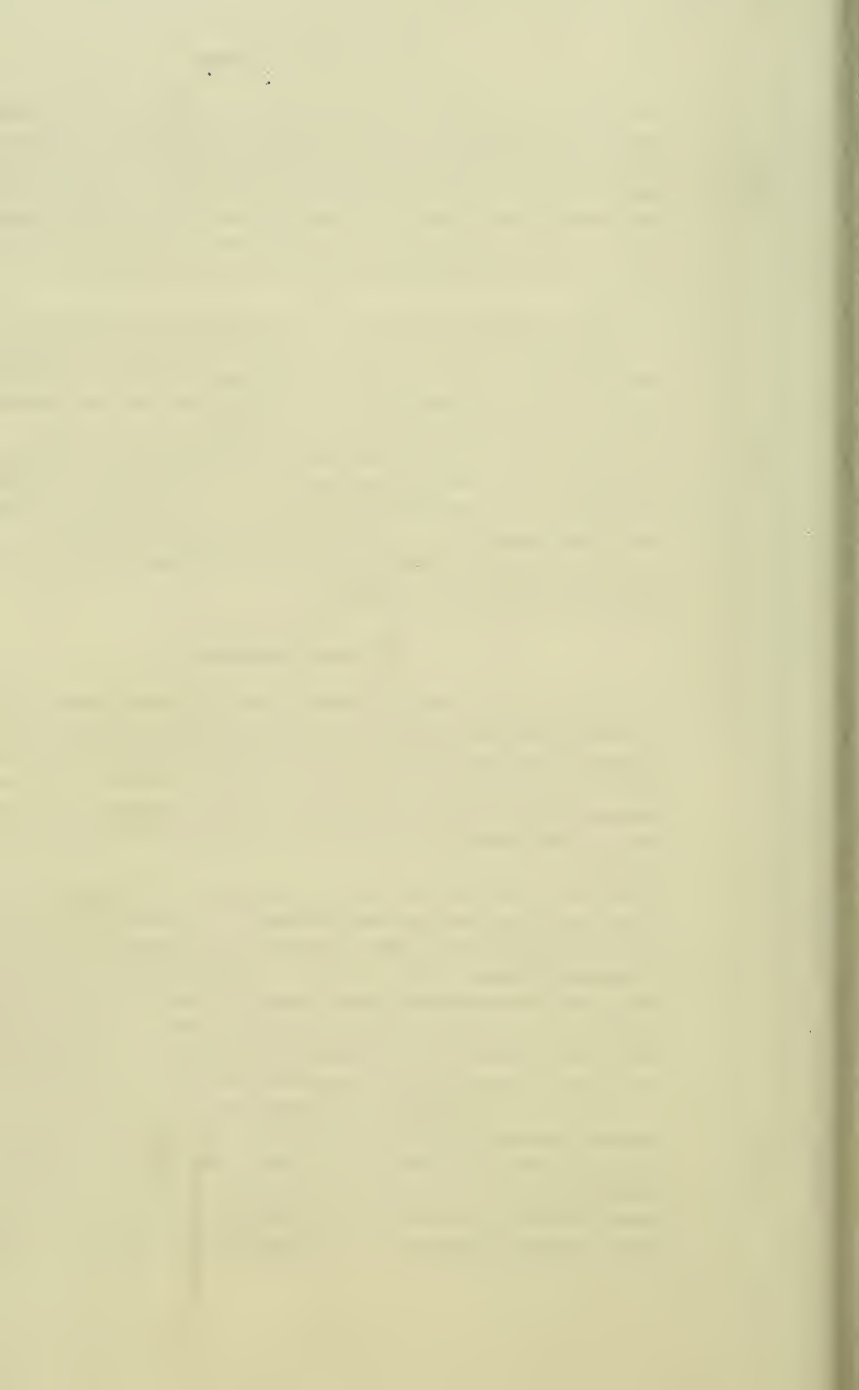
Inquiries may be addressed to the Dean of the Harvard Medical School, 688 Boylston Street, Boston, Mass.

The New Buildings.

In the spring of 1906 the Medical School will move from its present quarters on Boylston Street to commodious new buildings on Longwood Avenue, distant about a mile from the present building. At the new site the School possesses twenty-six acres of land. Eleven acres are now occupied by the Medical School buildings; the other fifteen are reserved for hospitals which, it is hoped, will be built on this ground in the near future.

The new buildings are five in number; one is designed for administrative and four for laboratory purposes. The administration building contains the necessary offices, several lecture-rooms, and the Warren Anatomical Museum. The laboratory buildings provide extensive accommodations for various departments grouped in the buildings as follows:— (1) anatomy, comparative anatomy, histology, and embryology; (2) physiology and chemistry; (3) pathology, bacteriology, and surgical pathology; (4) hygiene, pharmacology, comparative pathology, and surgical research.

The laboratory buildings are all constructed on one general plan, — two parallel wings united by an amphitheatre. Above each amphitheatre is a large departmental library. The rooms in the various wings have been designed on a unit system, which will greatly simplify any changes required by future growth or by uses other than those for which the rooms were originally designed. These buildings will provide an equipment



for teaching and research in various branches of medical science, which as a whole is probably unequalled.

For the construction and endowment of these new buildings the School is indebted to the generosity of Mrs. Collis P. Huntington, Messrs. J. Pierpont Morgan, John D. Rockefeller, David Sears, and a number of other benefactors.

ADMINISTRATIVE BOARD.

WILLIAM L. RICHARDSON, M.D., DEAN, and *Professor of Obstetrics*.
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WILLIAM F. WHITNEY, M.D., *Curator of the Anatomical Museum*.
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FRANK B. MALLORY, M.D., *Associate Professor of Pathology*.
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JOHN WARREN, M.D., *Demonstrator of Anatomy*.

OFFICE HOURS OF THE DEAN, TUESDAY AND FRIDAY, 12.15 TO 1 P.M.;
OF THE SECRETARY, MONDAY AND THURSDAY, 12 TO 1 P.M.

STANDING COMMITTEES.

Building.—Dr. Whitney (*Chairman*), and Drs. W. L. Richardson and J. Warren.

Advertising and Catalogue.—Dr. Green (*Chairman*), and Drs. Mallory and Cannon.

Library.—Dr. Shattuck (*Chairman*), and Drs. Harrington and Cannon.
Warren Museum.—Dr. Warren (*Chairman*), and Drs. Whitney and Mallory.

Fellowships.—Dr. Shattuck (*Chairman*), and Drs. Warren, Whitney, Harrington, and Mallory.

Scholarships and Students' Aid.—Dr. W. L. Richardson (*Chairman*), and Drs. Green and Cannon.

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SAMUEL H. DURGIN, M.D., *Lecturer on Hygiene*.

GEORGE W. GAY, M.D., *Lecturer on Surgery*.

Arranged here and elsewhere in the Catalogue on the basis of collegiate seniority.

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JOHN W. FARLOW, M.D., *Clinical Instructor in Laryngology.*

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ology.*
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WILLIAM H. SMITH, M.D., *Assistant in Clinical Medicine.*
ARTHUR M. WORTHINGTON, M.D., *Assistant in Bacteriology.*
ERNEST B. YOUNG, M.D., *Assistant in Gynaecology.*
ALBERT M. BARRETT, M.D., *Assistant in Neuropathology.*
CHARLES S. BUTLER, M.D., *Assistant in Anatomy.*
JAMES C. DONOGHUE, M.D., *Assistant in Histology.*
WALTER A. LECOMPTE, M.D., *Assistant in Otology.*
HARRY C. LOW, M.D., *Assistant in Pathology.*
HENRY O. MARCY, JR., M.D., *Assistant in Anatomy.*
FRED M. SPALDING, M.D., *Assistant in Ophthalmology.*
HOWARD T. SWAIN, M.D., *Assistant in Obstetrics.*
FREDERICK S. BURNS, M.D., *Assistant in Dermatology.*
LEROI G. CRANDON, M.D., *Assistant in Surgery.*
LINCOLN DAVIS, M.D., *Instructor in Anatomy.*

- EUGENE E. EVERETT, M.D., *Assistant in Bacteriology.*
 MAYNARD LADD, M.D., *Assistant in Pediatrics.*
 JOSEPH H. PRATT, M.D., *Assistant in the Theory and Practice of
 Physic.*
 HENRY A. CHRISTIAN, M.D., *Instructor in the Theory and Prac-
 tice of Physic.*
 LEO V. FRIEDMAN, M.D., *Assistant in Obstetrics.*
 JAMES R. TORBERT, M.D., *Assistant in Obstetrics.*
 GEORGE A. WATERMAN, M.D., *Assistant in Neurology.*
 CARL L. ALSBERG, M.D., *Instructor in Biological Chemistry.*
 JOHN L. BREMER, M.D., *Instructor in Histology and Embryology.*
 CHARLES H. DUNN, M.D., *Assistant in Pediatrics.*
 RALPH S. LILLIE, PH.D., *Instructor in Physiology.*
 EDWIN A. LOCKE, M.D., *Assistant in Clinical Medicine.*
 MAURICE V. TYRODE, M.D., *Instructor in Pharmacology.*
 RICHARD G. WADSWORTH, M.D., *Assistant in Anatomy.*
 ERNEST DEW. WALES, M.D., *Assistant in Otolaryngology.*
 HORACE BINNEY, M.D., *Assistant in Anatomy.*
 WALTER R. BRINCKERHOFF, M.D., *Instructor in Pathology.*
 DAVID CHEEVER, M.D., *Assistant in Anatomy.*
 FREDERIC T. LEWIS, M.D., *Instructor in Histology and Embryology.*
 FREDERICK T. LORD, M.D., *Assistant in Clinical Medicine.*
 DAVID D. SCANNELL, M.D., *Assistant in Anatomy.*
 ELMER E. SOUTHARD, M.D., *Instructor in Neuropathology.*
 GEORGE L. BAKER, M.D., *Assistant in Bacteriology.*
 LAWRENCE J. HENDERSON, M.D., *Instructor in Biological Chem-
 istry.*
 FRANCIS W. PALFREY, M.D., *Assistant in Bacteriology.*
 SAMUEL ROBINSON, M.D., *Assistant in Anatomy.*
 S. BURT WOLBACH, M.D., *Assistant in Pathology.*
 LOUIS NELSON, M.D., *Assistant in Materia Medica.*
 GEORGE H. WRIGHT, D.M.D., *Assistant in Histology.*

AUSTIN TEACHING FELLOWS.

- LANGDON FROTHINGHAM, M.D.V., *in Bacteriology.*
 FRED T. MURPHY, M.D., *in Surgery.*
 WILLIAM L. HOLT, M.D., *in Comparative Pathology.*
 FRED W. THYNG, PH.D., *in Histology and Embryology.*

THE MEDICAL SCHOOL.

ADMISSION OF STUDENTS.

Candidates for admission to this School must present a degree in Arts, Literature, Philosophy, or Science from a recognized college or scientific school, with the exception of such persons, of suitable age and attainments, as may be admitted by a special vote of the Administrative Board in each case.*

All candidates, whether presenting a degree or not, are required to satisfy the Faculty that they have had a course in Theoretical and Descriptive (Inorganic) Chemistry and Qualitative Analysis sufficient to fit them to pursue the courses in Chemistry given at the Medical School; or, failing in this, to pass an examination in General Chemistry and Qualitative Analysis. Students who are unable to fulfil either of these requirements may enter conditioned in Chemistry; but no student will be permitted to take part in any exercise of the third class, or to present himself for examination in the subjects of that class, until deficiencies in General Chemistry and Qualitative Analysis have been made up.

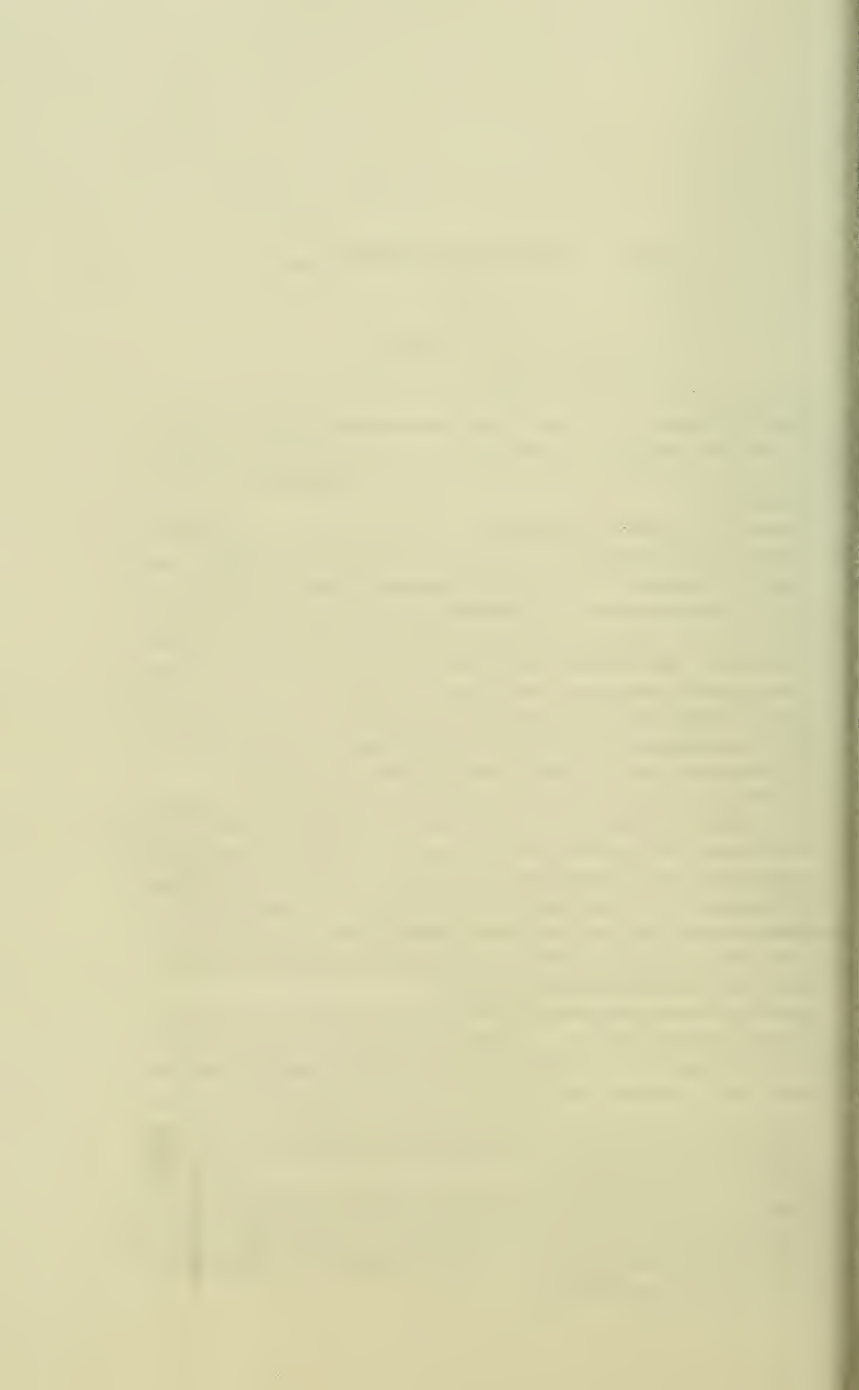
The admission examination in General Chemistry (at which time also the note-books in Qualitative Analysis must be handed in) is held at the Medical School, 638 Boylston St., Boston, at 12 o'clock noon on the Thursday following the last Wednesday in June, and on the last Wednesday in September. The examination is conducted in writing. Specimen examination papers may be found in the Medical School Catalogues.

In and after September, 1907, a knowledge of elementary Organic Chemistry will be required for admission.

Applicants for admission to the Medical School who have studied three years in recognized colleges, technical, or scientific schools, in which courses in Human Anatomy, Physiology, Histology, and Physiological Chemistry† are a part of the instruction, may be admitted to advanced

* The exception above referred to applies only to men who, without such a degree, have acquired an equivalent education and training sufficient to enable them to profit by the instruction offered in the School.

† The course as now given to the first-year class comprises both physiological and pathological chemistry. Men applying for advanced standing who pass in physiological chemistry but not in pathological chemistry will be admitted with a condition in pathological chemistry and given an opportunity to make up the condition either by work in that subject during the latter part of the second half-year or by taking a summer course, and passing a satisfactory examination.



standing, provided they pass an examination in these subjects and possess the other requirements for admission.

A graduate of another medical school of recognized standing may obtain the degree of M.D. at this University, after a year's study in the undergraduate course, by passing all examinations required in the full undergraduate course and by fulfilling all requirements for admission. These examinations may be taken only at the times set for the regular examinations in September, February (mid-year examinations), and June. The next year will begin September 27, 1906.

DIVISION OF STUDENTS.

Students are divided into four classes according to their time of study and proficiency. No student may advance with his class, or be admitted to advanced standing, until he has passed the required examinations in the studies of the previous year, or a majority of them; nor may he become a member of the third class, until he has passed all the examinations of the first, including the admission examinations in Chemistry, and in addition a majority of those of the second year; nor of the fourth class, until he has passed all the examinations of the first and second years, in addition to a majority of those of the third year.

No student will be permitted to continue his membership in the School, if at the beginning of his second year he has passed none of the first-year examinations.

In order that the time of study shall count as a full year, students of all classes must register on Thursday, the first day of the academic year.

*Beginning with the academic year 1906-07 students will be required to devote themselves exclusively to the work of the School.**

Students who began their professional studies in other recognized Medical Schools may be admitted to advanced standing. All persons who apply for admission to the advanced classes must furnish a satisfactory certificate of time spent in medical studies, must pass examinations in the branches already pursued by the class to which they seek admission, and fulfil all other requirements for admission; but any student who has fulfilled the requirements of a Department of this School in another school of recognized standing may be excused from repeating such requirements provided the instruction which he has received is considered satisfactory by the head of the Department in this School.

Any student may obtain a certificate of his period of connection with the School.

* The intent of this rule is that students may not engage in hospital work during term time, except in so far as required by the School curriculum.

FIRST YEAR	SECOND YEAR	THIRD YEAR	FOURTH YEAR ELECTIVES
*Anatomy 3	*Bacteriology 1	*Materia Medica and Therapeutics 2	Surgery
*Histology and Embryology 3	*Pathology 3	*Theory and Practice 3	Genito-Urinary Surgery
Physiology 3	Hygiene 1	Clinical Medicine 3	Orthopedics
Physiological and Pathological Chemistry 3	<i>Materia Medica and Therapeutics</i>	Pediatrics 2	Surgical Pathology
	<i>Theory and Practice</i>	*Surgery (written 2 hrs., practical 1 hr.) 3	Obstetrics
	<i>Clinical Medicine</i>	Clinical Surgery (written 1 hr., practical 1 hr.) 2	Gynaecology
	<i>Surgery</i>	Obstetrics 3	Dermatology and Syphilis
		Gynaecology 1	Neurology and Psychiatry
		Dermatology 1	Ophthalmology
		Syphilis 1	Otology
		Neurology 1	Laryngology
		Psychiatry 1	
		*Ophthalmology 1	
		Otology 1	
		Laryngology 1	
		<i>Genito-Urinary Surgery</i>	
		<i>Legal Medicine</i>	
		<i>Municipal Sanitation</i>	

NOTE. — Subjects in which an examination is required are in roman letters. The number following the name of the examination indicates the length in hours of the examination. In the fourth year, electives must be chosen aggregating 1000 hours; each elective or half course has a value of 12½ hours.

* Examination in February.

METHODS OF INSTRUCTION.

During the first three years the following methods of instruction are adopted in the several departments:—

NOTE.—The figures at the right of the page indicate as accurately as can be ascertained the number of hours of instruction which each student receives in the different courses.

ABBREVIATIONS USED IN THE FOLLOWING PAGES, AND IN THE
TABULAR VIEWS. .

B.C.H.	= Boston City Hospital.
B.D.	= Boston Dispensary.
B.I.H.	= Boston Insane Hospital (Pierce and Austin Farms).
B.L.H.	= Boston Lying-in Hospital.
Ch.H.	= Children's Hospital.
E. and E.I.	= Massachusetts Charitable Eye and Ear Infirmary.
H.M.S.	= Harvard Medical School.
I.H.	= Infants' Hospital.
L.I.H.	= Long Island Hospital.
McL.H.	= McLean Hospital.
M.G.H.	= Massachusetts General Hospital.
S.D.B.C.H.	= South Department, Boston City Hospital.
S.H.	= Samaritan Hospital.
S.O.P.D.	= Surgical Out-Patient Department.

Anatomy.

THOMAS DWIGHT, M.D., LL.D.,	<i>Parkman Professor of Anatomy.</i>
JOHN WARREN, M.D.,	<i>Demonstrator of Anatomy.</i>
ELISHA FLAGG, M.D.,	<i>Assistant in Anatomy</i>
HARRIS P. MOSHER, M.D.,	<i>Assistant in Anatomy.</i>
CHARLES S. BUTLER, M.D.,	<i>Assistant in Anatomy.</i>
HENRY O. MARCY, Jr., M.D.,	<i>Assistant in Anatomy.</i>
LINCOLN DAVIS, M.D.,	<i>Instructor in Anatomy.</i>
RICHARD G. WADSWORTH, M.D.,	<i>Assistant in Anatomy.</i>
HORACE BINNEY, M.D.,	<i>Assistant in Anatomy.</i>
DAVID CHEEVER, M.D.,	<i>Assistant in Anatomy.</i>
DAVID D. SCANNELL, M.D.,	<i>Assistant in Anatomy.</i>
SAMUEL ROBINSON, M.D.,	<i>Assistant in Anatomy.</i>

First year.—The instruction consists of lectures; various practical exercises, including abundant dissection under the direction of the

Demonstrator; recitations; demonstrations; and study of frozen sections and of the living model. The means and methods of illustrating the anatomical lectures probably are unrivalled in this country. The system of demonstrations to small sections has been greatly extended.

Text-books.—Cunningham. Quain. Morris. Gray. Gerrish. Woolsey, Applied Anatomy.

Collateral Reading.—Dwight, Frozen Sections of a Child. Cunningham, Manual of Practical Anatomy. Macalister, Human Anatomy. Testut. Anatomie Humaine. Poirier, Traité d'Anatomie Humaine. Tillaux, Anatomie topographique. Humphry, Human Skeleton.

FIRST YEAR.

October.

Lectures. Professor DWIGHT. <i>Nine hours weekly.</i>	36
Demonstrations and study of bones and joints. <i>Three hours daily.</i>	72

November and December.

Lectures. Professor DWIGHT. <i>Two hours a week in November, three hours a week in December.</i>	20
Demonstrations. Dr. WARREN. <i>Four times a week to each section of the class.</i>	32
Practical anatomy with recitations. <i>Three hours a day, five times a week.</i>	120

January.

Lectures and demonstrations. Professor DWIGHT. <i>Daily.</i>	24
Demonstrations. Dr. WARREN. <i>Four times a week to each section of the class.</i>	16
Demonstrations and study of the brain and organs of sense. <i>Three hours a day, five times a week.</i>	60
Practical anatomy with recitations. <i>Three hours a day, five times a week.</i>	60

Histology and Embryology.

CHARLES S. MINOT, S.D., LL.D., Sc.D., *Professor of Histology and Human Embryology.*

JAMES C. DONOGHUE, M.D., *Assistant in Histology.*

JOHN L. BREMER, M.D., *Instructor in Histology and Embryology.*

FREDERIC T. LEWIS, M.D., *Instructor in Histology and Embryology.*

GEORGE H. WRIGHT, D.M.D., *Assistant in Histology.*

FRED W. THYNG, Ph.D., *Austin Teaching Fellow in Histology and Embryology.*

LABORATORY.

The laboratory comprises a general class room with places for ninety men, and four smaller rooms for the officers of instruction, advanced workers, and for the library and collections. There are 225 microscopes for students' use, which are let to students for three dollars a term. There are over 14,000 permanent preparations used in the class work, a histological collection illustrating most of the features of the microscopic structure of the higher animals, and an embryological collection which includes over nine hundred embryos of various selected vertebrates cut into serial sections, and thoroughly catalogued. There are also numerous wax and paper models for use in the course of instruction.

The equipment includes numerous microtomes, most of the leading patterns being represented, and many other pieces of apparatus, offering altogether ample facilities for elementary and advanced work and for investigation.

The library consists of complete sets of the most important histological and embryological journals, of the standard text-books, and of a private collection, which is open to investigators, of about six thousand pamphlets. A card catalogue and a classified bibliography are maintained, which give ready access to the literature of histology and embryology.

Text-books.—Böhm and von Davidoff, A Text-Book of Histology. Minot, Text-book of Embryology.

Collateral Reading.—Quain, Anatomy. Lee, Microtomeist's Vademecum. Kölliker, Gewebelehre. Minot, Human Embryology. Van Gehuchten, Système nerveux.

REGULAR COURSES.

First year.—Histology and Embryology are taught by lectures and laboratory work; twenty-two hours a week are required during October, November, and December. Every student is recommended to purchase a microscope, but microscopes may be rented, by those who do not possess them, for three dollars a term. Each student is charged a laboratory fee of two dollars.

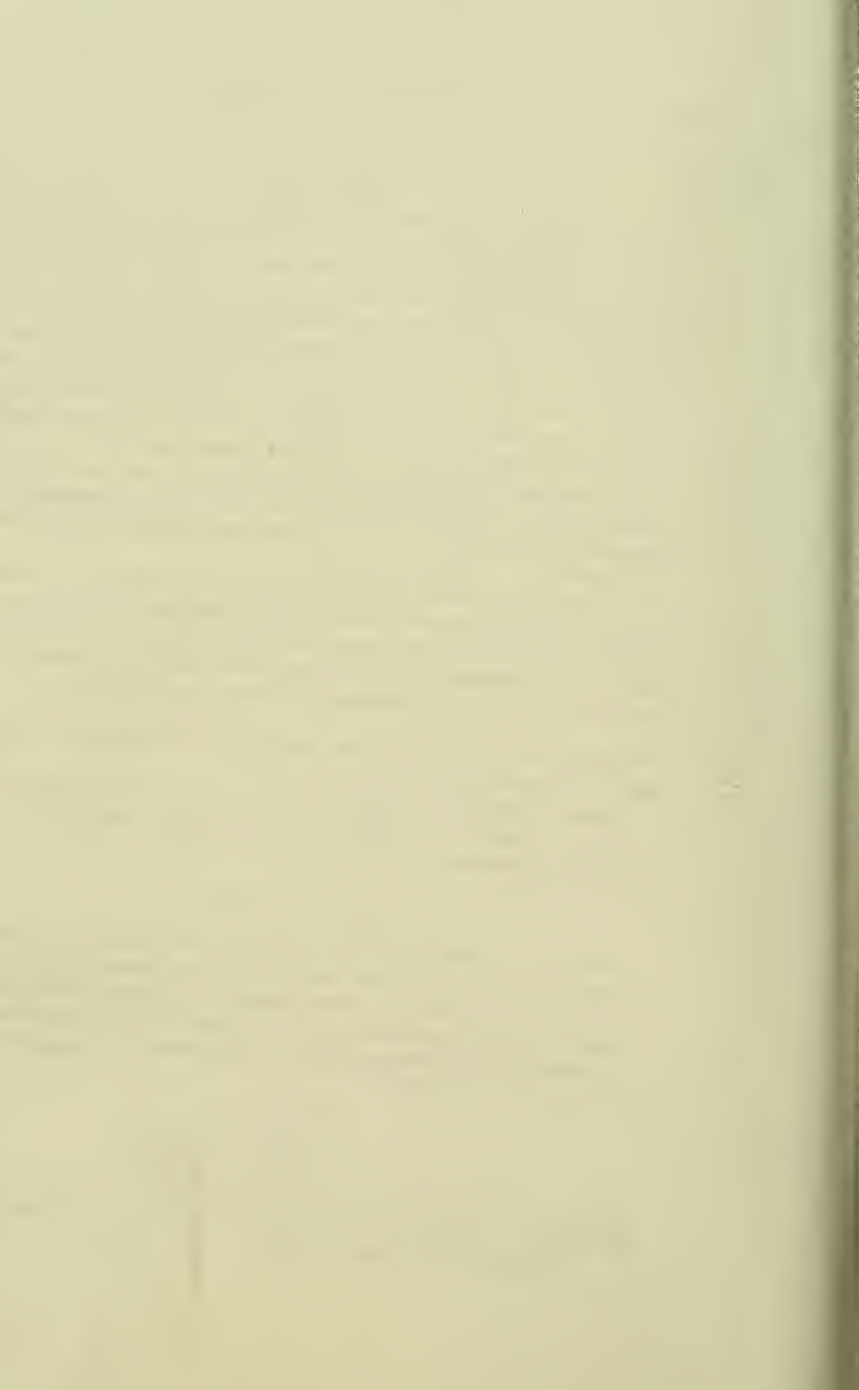
FIRST YEAR.

October.

Lectures. Professor MINOT. *Four times a week.*

Laboratory work. Drs. DONOGHUE, BREMER, LEWIS, and WRIGHT

Three hours, five times a week.



November.

Lectures. Dr. LEWIS. <i>Three times a week.</i>	12
Laboratory work. <i>Four hours, three times a week; three hours, twice a week.</i>	72

December.

Lectures. Professor MINOT. <i>Twice a week.</i>	8
Laboratory work. <i>Four hours, four times a week; three hours, once a week.</i>	76

GRADUATE COURSES.

I. Professor MINOT with Dr. LEWIS will give a course of thirty-two exercises on Elementary Human Embryology for practitioners. This course can be extended by a supplementary course of the same length. Fee, \$25.

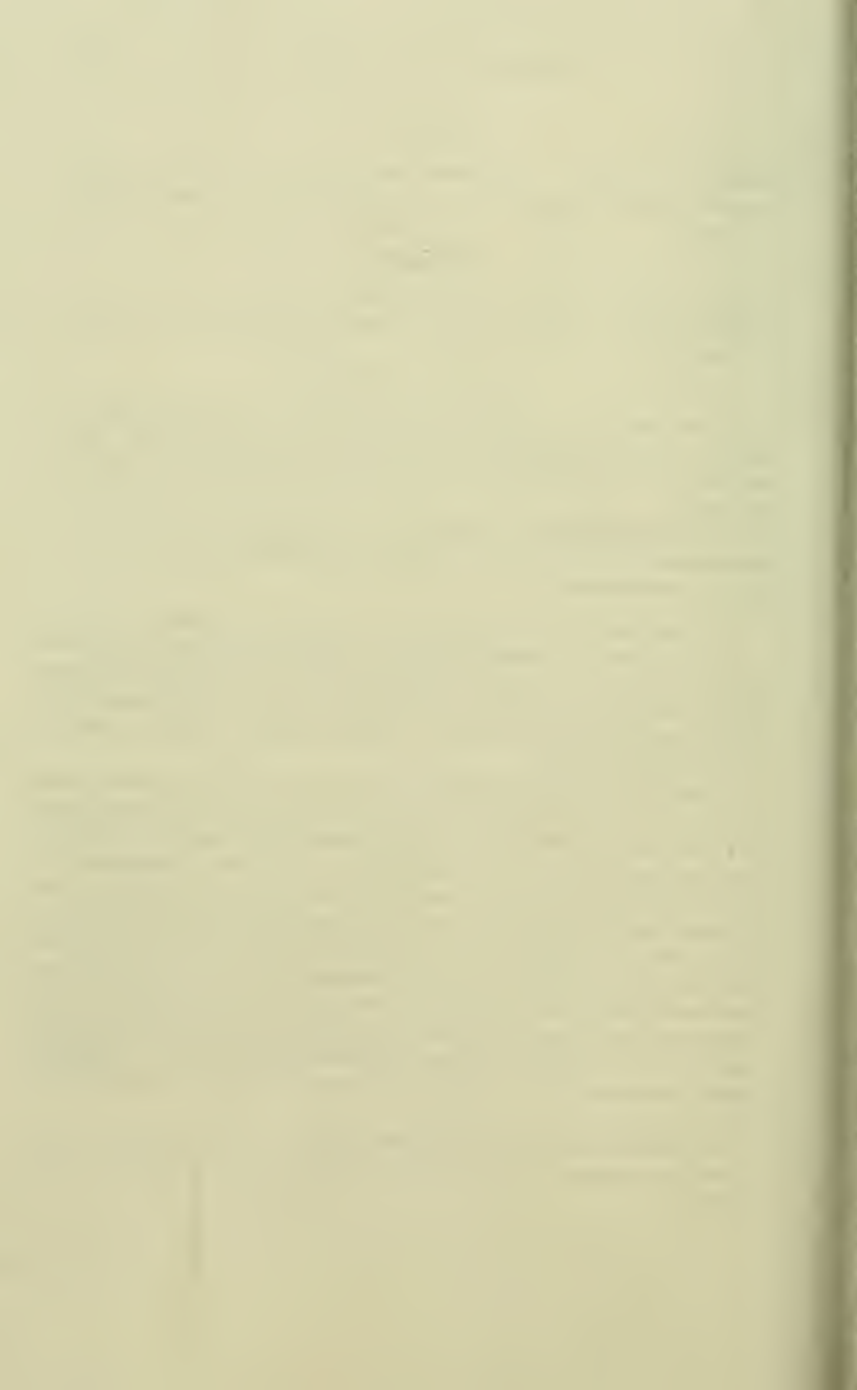
Graduates taking these courses will be allowed the privilege of the Histological Laboratory. There will be an additional charge of \$5 for reagents and material.

II. Professor MINOT with Drs. BREMER, LEWIS, and WRIGHT will give a course intended for persons who wish to make a special study of Vertebrate or Human Embryology. This course is open to registered students of the Graduate Department of the Faculty of Arts and Sciences, and will be offered hereafter also as a special course to graduate students of the Medical School.

This course will extend through the entire year, but in two parts of one term each. The resources of the Embryological Laboratory in apparatus and material render it possible to offer unusually favorable opportunities for both general study and special research. The course is arranged for those who, as morphologists, anatomists, and practitioners, wish to give the principal part of their time for one or more school terms to the subject. It will cover the whole field of Embryology, including the genital products, the theories of heredity and sex, the formation of the germ-layers, differentiation of the organs, the history of the placenta and the general morphology of Vertebrates or of Man. Most of the work will be done by the student in the laboratory, but there will also be formal lectures. Students taking this course will be expected to devote to it not less than eighteen hours a week.

Fee, for one term, \$75. Two terms, \$125.

The above courses I and II will be limited to twelve students in each course.



INVESTIGATION.

Special accommodations are furnished in the laboratory for students who wish to pursue special or advanced work. Special facilities are offered to original investigators, who will receive such personal aid as may be necessary or advantageous.

A special course in vertebrate embryology is given during the second term; this has been accepted by the Faculty of Arts and Sciences, and is open to students of the academic departments.

Physiology.

HENRY P. BOWDITCH, M.D., LL.D., D.Sc., *Professor of Physiology.*

WILLIAM T. PORTER, M.D., *Associate Professor of Physiology.*

WALTER B. CANNON, M.D., *Assistant Professor of Physiology.*

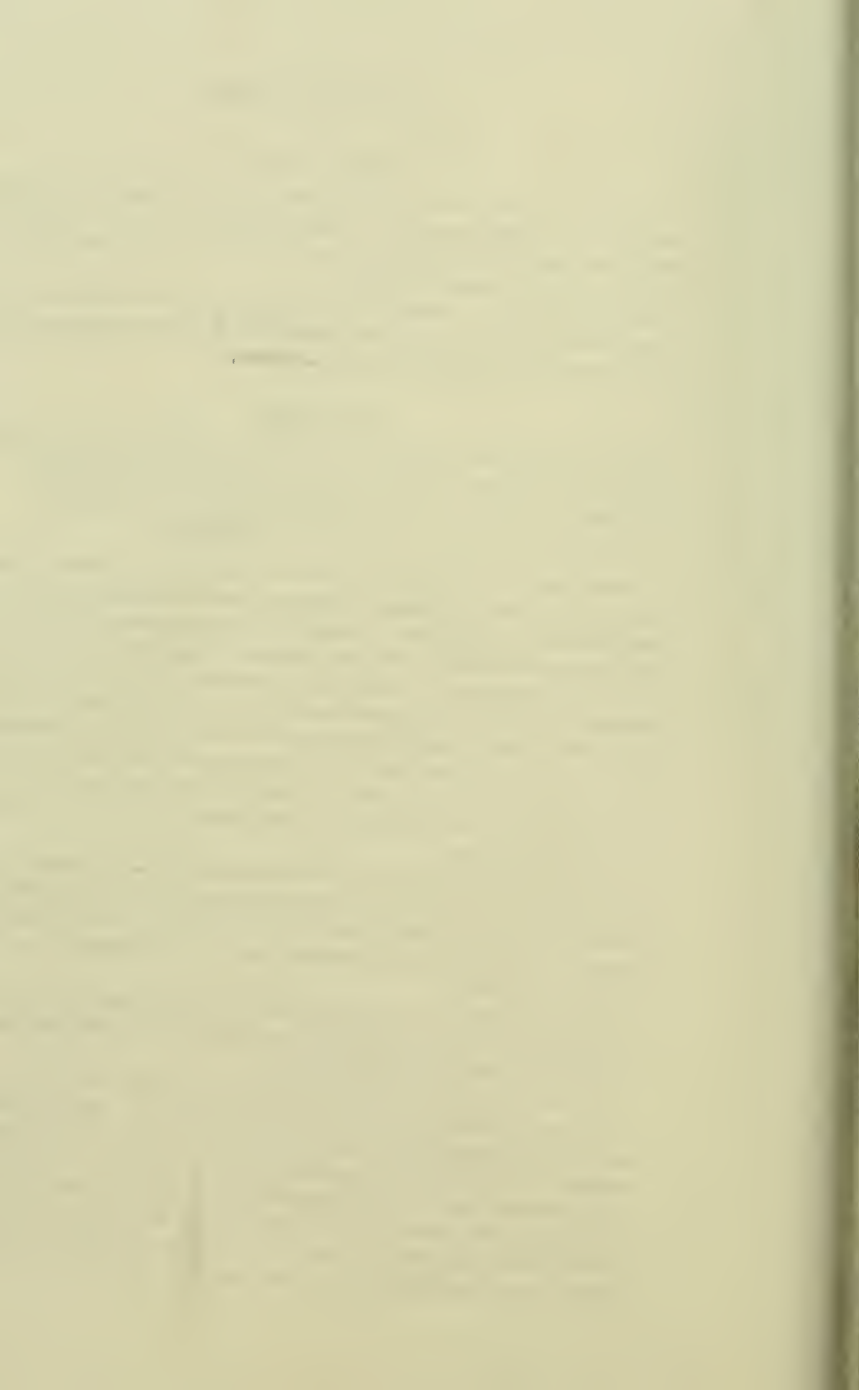
RALPH S. LILLIE, M.D., *Instructor in Physiology.*

First Year.—The method of teaching Physiology consists in placing before the student the classical experiments of the science grouped in the most instructive sequence. The student himself performs as many of these as his own skill and the length of the course permit. What he does he is required to do well. The experiments selected are those which best illustrate the several groups or chapters of which physiology is composed. Preference, where possible, is given to observations used in clinical medicine. The observations which he cannot himself make the student reads with an understanding grounded on his own practical experience. The facts thus gained are discussed in conferences, written tests, formal lectures, and recitations.

In the laboratory the student works one hundred and seventy-four hours. Each student is required to preserve the graphic records obtained in his experiments together with a brief account of his own observations. The character of the laboratory instruction may be seen from the examination questions, page 84.

The conferences, fifty-two half-hour exercises, are devoted to questions and explanations concerning the experimental work; they are, in fact, a combination of recitation and lecture.

The written tests are twenty-minute examinations held daily and one-hour examinations held weekly during fifteen weeks. The following are some of the questions: State experiments to show where stimulation begins on closure of the galvanic current. What is the reaction of degeneration? Mark on the intra-ventricular pressure curve the moment of opening and closure of the mitral and aortic valves. Give a brief account of the digestion of fat. Give evidence to show that afferent impulses are transmitted by the posterior roots of spinal nerves. Prove



the existence of "hot and cold spots" on the skin. Cite experiments to show that the crystalline lens changes its shape in accommodation.

Eighty-six formal lectures are held. These are supplemented by the reading and discussion of forty-three theses.

One recitation is given weekly during fifteen weeks.

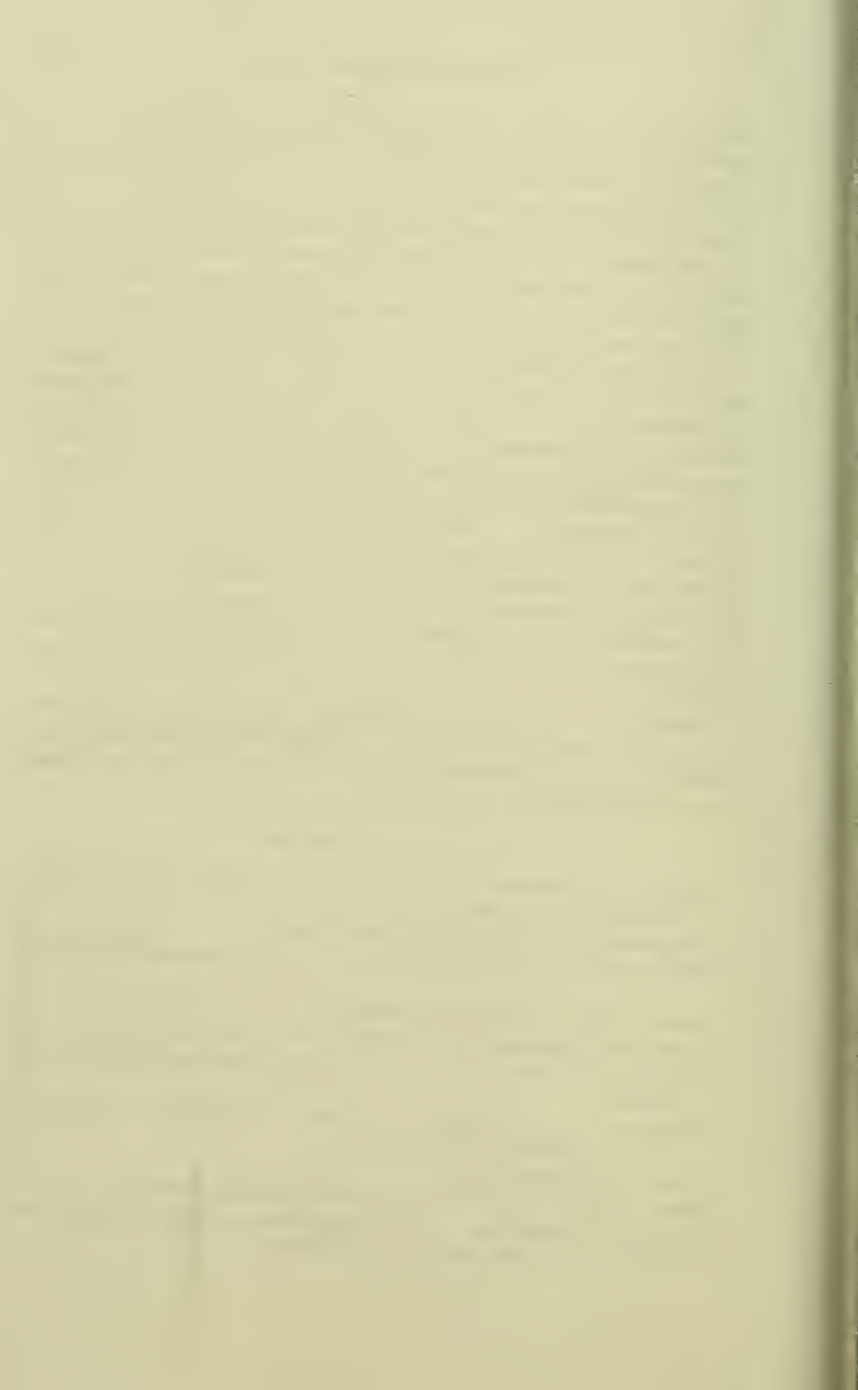
Twenty-four special demonstrations are given. The motor areas of the cortex of the brain, and the action of the chorda tympani nerve on the secretion of saliva are examples of the subjects chosen for demonstration.

Each student is required to write a physiological thesis, the material for which must be taken directly from the report of the original investigations. In addition each student is required to prepare at least one investigation not included in those used for his thesis. About forty-five of the theses are selected for discussion by the class and staff. The subjects chosen are as a rule such as will supplement the instruction given in other ways. The discussions are held about five times a week from the sixth to the fifteenth week inclusive. The discussion is opened by three students, each of whom has prepared himself upon some of the original investigations included in the theses, and is continued by the members of the class and of the staff. Among the theses discussed in the last collegiate year were: The excretion of urea; Internal secretion of the pancreas; Oedema; Regeneration of blood after hemorrhage; Artificial parthenogenesis; and Aphasia.

Text-books. — Text-book of Physiology, edited by E. A. Schäfer. Foster, Text-book of Physiology. American Text-book of Physiology. Waller, Human Physiology. Hermann, Lehrbuch der Physiologie. Porter, Introduction to Physiology.

FIRST YEAR (Second half).

Laboratory experiments. Professor PORTER, Assistant Professor CANNON, and Dr. LILLIE. <i>Daily, except Saturday.</i>	174
Conferences (52). Assistant Professor CANNON.	26
Written tests (76). <i>Twenty minutes daily, except Monday and Saturday.</i>	25
Written tests (15). <i>One hour Mondays.</i>	15
Lectures (86). Professor PORTER and Assistant Professor CANNON.	43
Special demonstrations (23). Professor PORTER and Assistant Professor CANNON.	15
Recitations (15). Professors BOWDITCH and PORTER. <i>Saturdays. First to fifteenth week, inclusive.</i>	15
Discussion of Theses (43).	33
Thesis. Written by each student from the original sources.	
Reading of investigations. The reading of investigations and the discussion of these at the appropriate conference.	



Physiological and Pathological Chemistry.

JOHN M. CONNOLLY, M.D., *Assistant in Chemistry.*

HENRY F. HEWES, M.D., *Instructor in Clinical Chemistry.*

CARL L. ALSBERG, M.D., *Instructor in Biological Chemistry.*

LAWRENCE J. HENDERSON, M.D., *Instructor in Biological Chemistry.*

First year. — The course in Physiological Chemistry extends through eight weeks and consists of a lecture, demonstration, or recitation daily, and of six laboratory exercises of two to three hours' duration a week. The course is so arranged that the student is enabled to conduct his laboratory work on the various subjects included in the course in direct connection with the lecture room instruction.

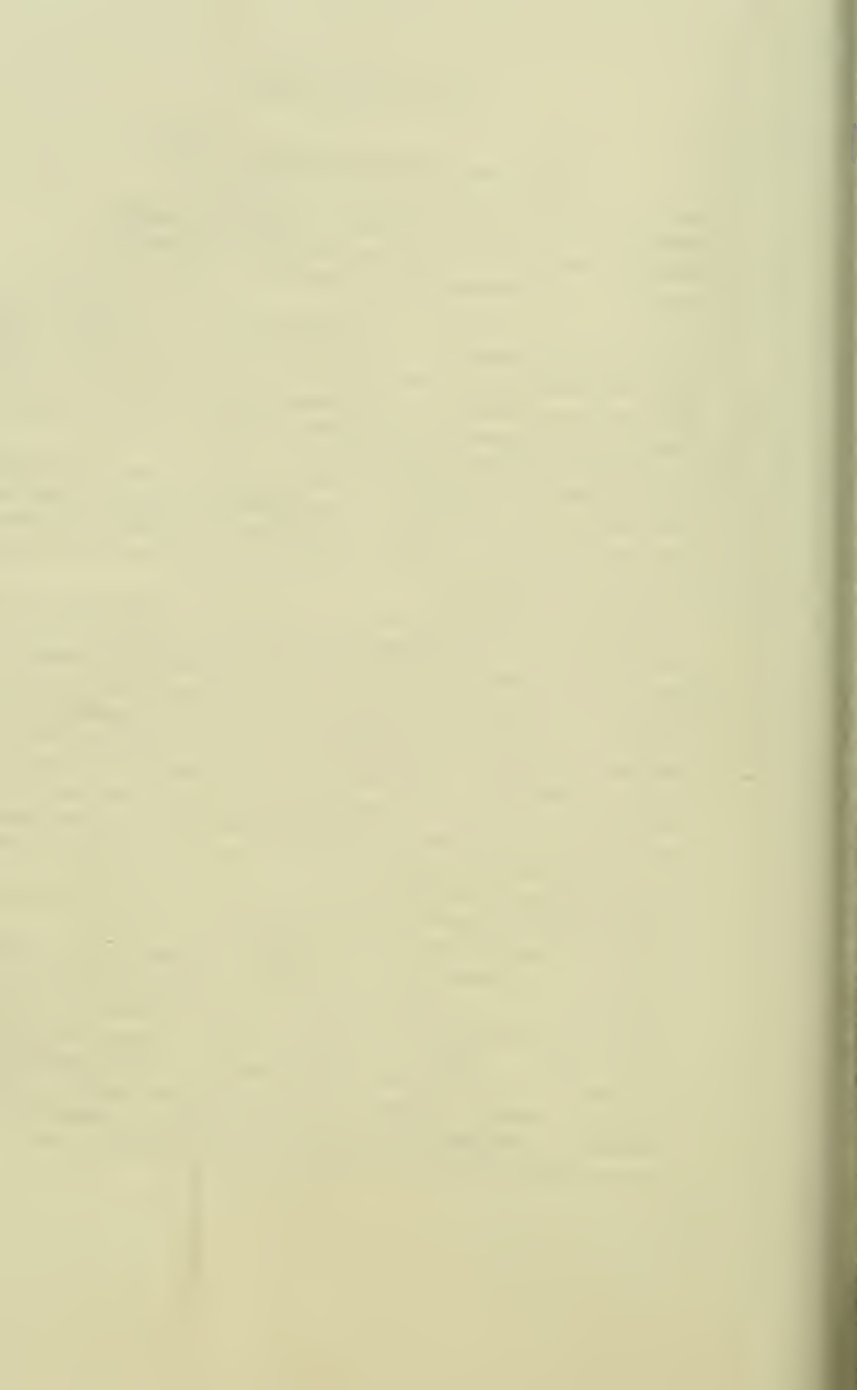
The subjects studied in this course are the carbohydrates; the proteids, their composition, relationships, chemical properties, methods of precipitation and separation; the fats; the chemistry of epithelial, connective, muscular, and nervous tissues; the chemistry of digestion; bile; blood; lymph; milk; and urine.

During the second half of the course (Pathological Chemistry), special attention is given to the clinical study of the urine. Each student examines, chemically and microscopically, a large number of specimens, and becomes thoroughly familiar with the composition of this secretion in normal and pathological conditions, and with the best methods for the detection of pathological constituents. The best methods for the quantitative determination of the more important normal and pathological constituents of the urine are also taught. The class in sections receives instruction in the diagnosis of renal and other diseases from the examination of the urines, and also has practical work in the examination of the blood and of gastric contents.

Opportunities for special investigation will be offered such students as can give the necessary time in the laboratory.

Text-books. — Hammarsten, *Physiological Chemistry*. Ogden, *Clinical Examination of the Urine*. Tyson, *Practical Examination of Urine*.

Collateral Reading. — Halliburton, *Text-book of Chemical Physiology and Pathology*. Wharton and Stillé, *Medical Jurisprudence*, Vol. II, on Poisons. Simon, *Physiological Chemistry*. Bunge, *Physiologic and Pathologic Chemistry*. Herter, *Lectures on Chemical Pathology*. Taylor on Poisons. Lea, *Chemical Basis of the Animal Body* (appendix to Foster's *Text-book of Physiology*). Vaughan and Novy, *Cellular Toxins*.



PHYSIOLOGICAL AND PATHOLOGICAL CHEMISTRY.

FIRST YEAR.

Lectures and demonstrations. Drs. ALSBERG and HENDERSON. *One hour four times a week.* 64

Laboratory exercises. Drs. CONNOLLY, HEWES, ALSBERG, and HENDERSON. *Two and a half hours a day four times a week, three and a half hours once a week.* 216

Bacteriology.

HAROLD C. ERNST, M.D., *Professor of Bacteriology.*

CALVIN G. PAGE, M.D., *Assistant in Bacteriology.*

HENRY J. PERRY, M.D., *Assistant in Bacteriology.*

ARTHUR M. WORTHINGTON, M.D., *Assistant in Bacteriology.*

EUGENE E. EVERETT, M.D., *Assistant in Bacteriology.*

FRANCIS W. PALFREY, M.D., *Assistant in Bacteriology.*

GEORGE L. BAKER, M.D., *Assistant in Bacteriology.*

LANGDON FROTHINGHAM, M.D.V., *Austin Teaching Fellow in Bacteriology.*

Second year. — Required bacteriology is taught by lectures and practical laboratory work. The lectures treat of the general subject and of methods of practical work. In the laboratory each student has an opportunity to become familiar with the simpler methods of manipulation and staining which are of especial clinical value, and with the more prominent of the pathogenic bacteria.

Text-books. — Muir and Ritchie. Abbott. Park.

Collateral Reading. — Sternberg. Heim. Migula.

SECOND YEAR.

Lectures. Professor ERNST. *Daily, except Saturdays, during October and November.* 40

Laboratory work. Professor ERNST, and Drs. PAGE, PERRY, WORTHINGTON, EVERETT, PALFREY, BAKER, and FROTHINGHAM. *Two to three hours daily during October and November.* 120

Pathology.

WILLIAM T. COUNCILMAN, M.D., *Shattuck Professor of Pathological Anatomy.*

FRANK B. MALLORY, M.D., *Associate Professor of Pathology.*

JAMES H. WRIGHT, M.D., *Instructor in Pathology.*

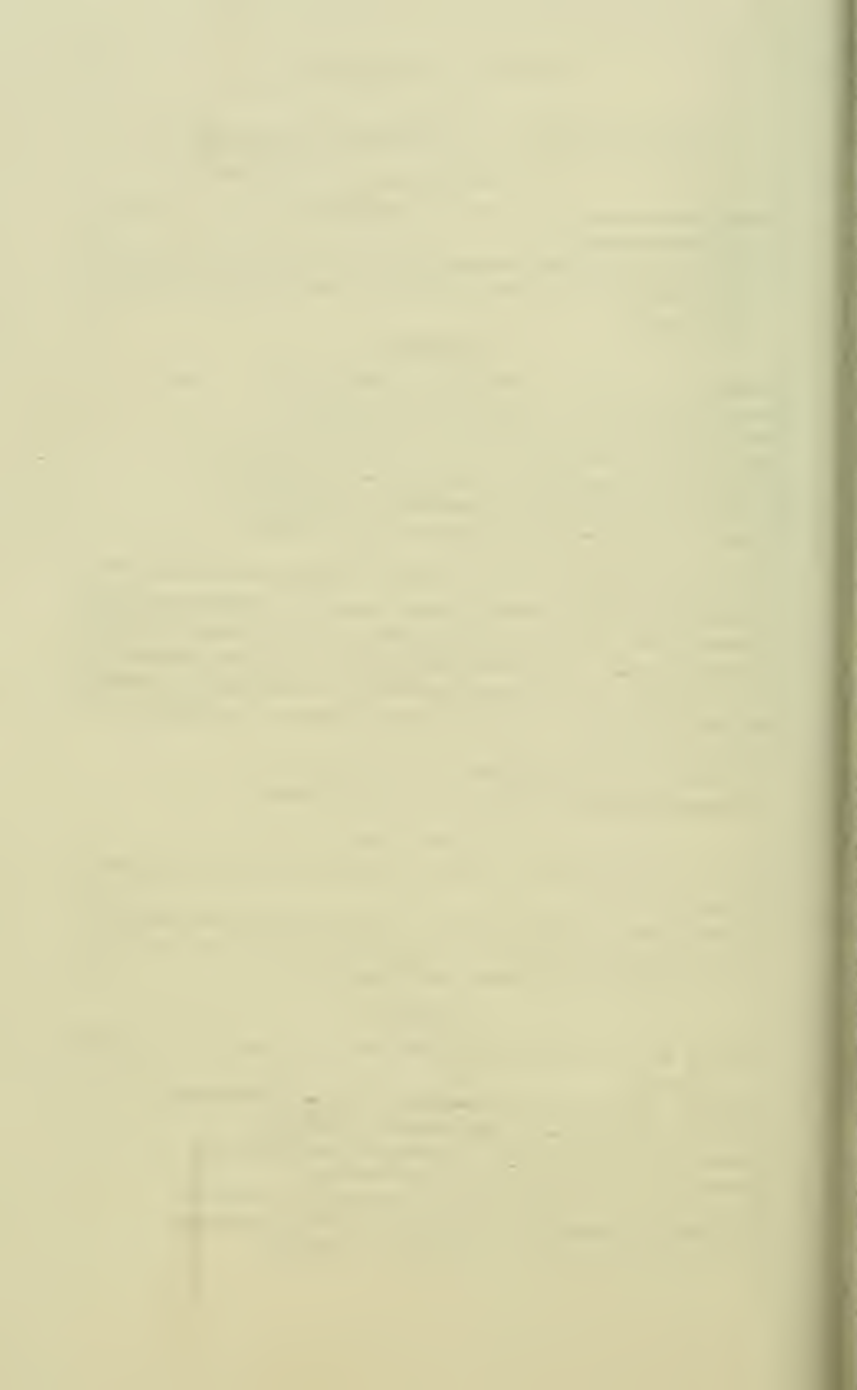
ALBERT M. BARRETT, M.D., *Assistant in Neuropathology.*

HARRY C. LOW, M.D., *Assistant in Pathology.*

WALTER R. BRINCKERHOFF, M.D., *Instructor in Pathology.*

ELMER E. SOUTHARD, M.D., *Instructor in Neuropathology.*

S. BURT WOLBACH, M.D., *Assistant in Pathology.*



Second year.—The course in Pathology consists of laboratory work, demonstrations, conferences, and lectures. During the forenoons of October and November a course in general pathology is given. The basis of the work is formed by a laboratory course in which microscopic work is combined with demonstrations and examinations of gross specimens. A lecture with stereopticon demonstrations is given daily at the end of the exercises in order to explain more fully the lesions studied in the laboratory.

During the forenoons of December and of the first and second weeks of January the work consists chiefly of the study and diagnosis of tissues from post-mortem examinations. So far as possible all the organs from a cadaver are demonstrated together, and the relation of the lesions explained. The organs are examined by the naked eye, and microscopically in frozen sections. Tumors and other pathological products are examined in the same way. An abundance of material is provided for the course. Lectures and laboratory talks are given daily.

In the forenoons of the last two weeks of January, Professor T. SMITH gives a course of lectures and laboratory exercises on animal parasites, particularly the protozoa and the infections produced by them.

During the afternoons of December and January two courses are given in the special pathology of neurology and surgery; the courses constitute a valuable introduction to the clinical work required in these subjects in the third year.

These courses are :—

- (a) Fifteen demonstrations and laboratory exercises on the pathology of the nervous system. (See Neurology.)
- (b) Twenty laboratory exercises in surgical pathology. (See Surgery.)

Text-books.—Ziegler. General and Special Pathology. Stengel. A Text-book of Pathology. Mallory and Wright, Pathological Technique.

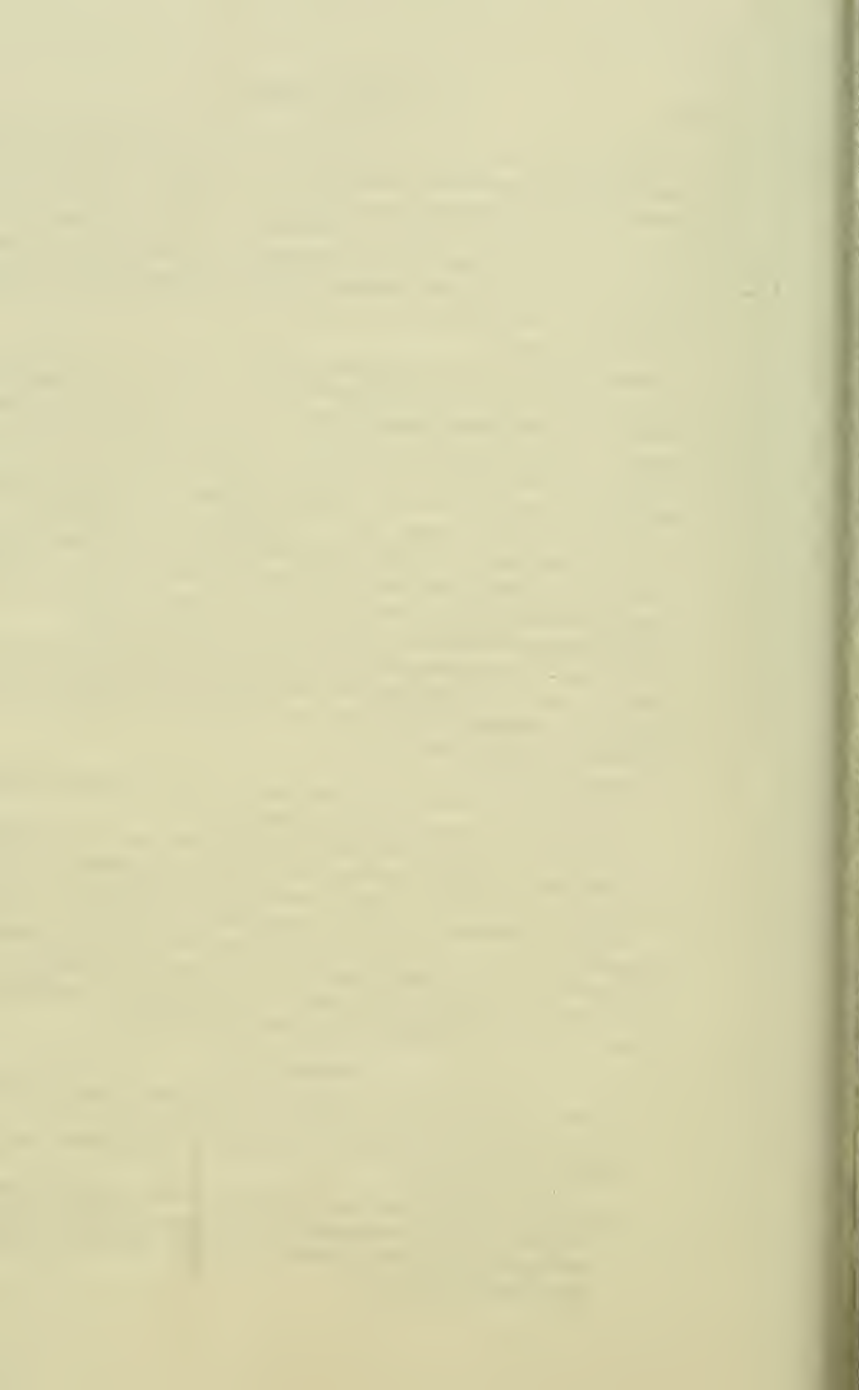
Collateral Reading.—Thoma. Pathologische Anatomie. Orth, Pathologische Anatomie; Diagnostik. Ribbert. Pathologische Histologie, Lehrbuch der Allgemeinen Pathologie. Lubarsch and Ostertag, Ergebnisse der Pathologie und Anatomie. Neveu-Lemaire, Parasitologie animale. Braun, Die tierischen Parasiten des Menschen.

SECOND YEAR.

Lectures or conferences. Professor COUNCILMAN. *Daily for fourteen weeks, October, November, December, and January.* 84

Lectures. Professor T. SMITH. *One hour daily, third and fourth weeks of January.* 12

Laboratory work. Professors COUNCILMAN and MALLORY, and Drs. WRIGHT, LOW, BRINCKERHOFF and WOLBACH. *Three hours daily during the forenoons of October, November, December, and the first two weeks of January.* 252



Demonstrations and laboratory work. Professor T. SMITH. <i>Two hours daily, third and fourth weeks of January.</i>	24
Neuropathology. Dr. SOUTHARD. <i>Afternoons in December.</i>	45
Surgical pathology. Asst. Professor NICHOLS. <i>Afternoons in January.</i>	60

Comparative Pathology.

THEOBALD SMITH, M.D., *George Fabyan Professor of Comparative Pathology.*

WILLIAM L. HOLT, M.D., *Austin Teaching Fellow in Comparative Pathology.*

Second year.—A short course on the pathogenic protozoa and higher animal parasites is given in January as a part of the course in Pathology (see above).

Fourth year.—A course consisting of lectures and demonstrations on the comparative etiology of infectious diseases is given during the year as a part of the fourth-year elective in Clinical Medicine. In this course much time is devoted to a consideration of the general principles underlying infection and immunity, and their application to diagnosis, prevention, and therapy (vaccines, antitoxins, agglutinins, etc.). The public-health problems arising from the interrelation of human and animal diseases are also discussed.

A few graduate students qualified to carry on investigations may be accommodated at the laboratory at Forest Hills from October to June.

SECOND YEAR.

Lectures. Professor T. SMITH. (H.M.S.) *One hour daily, third and fourth weeks of January.* 12

Demonstrations and laboratory work. Professor T. SMITH, and Drs. LOW, BRINCKERHOFF, and WOLBACH. *Two hours daily, third and fourth weeks of January.* 24

Hygiene.

CHARLES HARRINGTON, M.D., *Assistant Professor of Hygiene.*

— — —, M.D., *Assistant in Hygiene.*

Second year.—The instruction consists of lectures and demonstrations.

Text-book.—Harrington, Practical Hygiene.

Collateral Reading.—Notter, Hygiene. Manson, Tropical Diseases. Newsholme, Vital Statistics. Mason, Water Supply. Abbott, Hygiene of Transmissible Diseases.

SECOND YEAR.

Lectures and demonstrations. Assistant Professor HARRINGTON. (H.M.S.) *Three times a week, second half-year.* 48



Materia Medica and Therapeutics.

FRANZ PFAFF, M.D., *Professor of Pharmacology and Therapeutics.*

MAURICE V. TYRODE, M.D., *Instructor in Pharmacology.*

LOUIS NELSON, M.D., *Assistant in Materia Medica.*

Second and Third years.—Instruction is given by lectures and recitations, and by demonstrations of the physiological action of drugs. The lectures are supplemented by an optional course in practical pharmacy, in which the compounding of prescriptions is illustrated. In addition to the lectures on therapeutics, the practical relation of remedies to diseased conditions is dwelt on in the exercises in the departments of Theory and Practice, and of Clinical Medicine.

A special laboratory has been equipped for original research in Experimental Pharmacology and Therapeutics; here a voluntary course, open to a limited number of duly qualified undergraduates, affords opportunity for practical training and instruction in the methods and use of the special apparatus employed in determining the toxic and physiological actions of drugs, and their practical value as remedies.

Text-book.—A. R. Cushny, *Pharmacology and Therapeutics.*

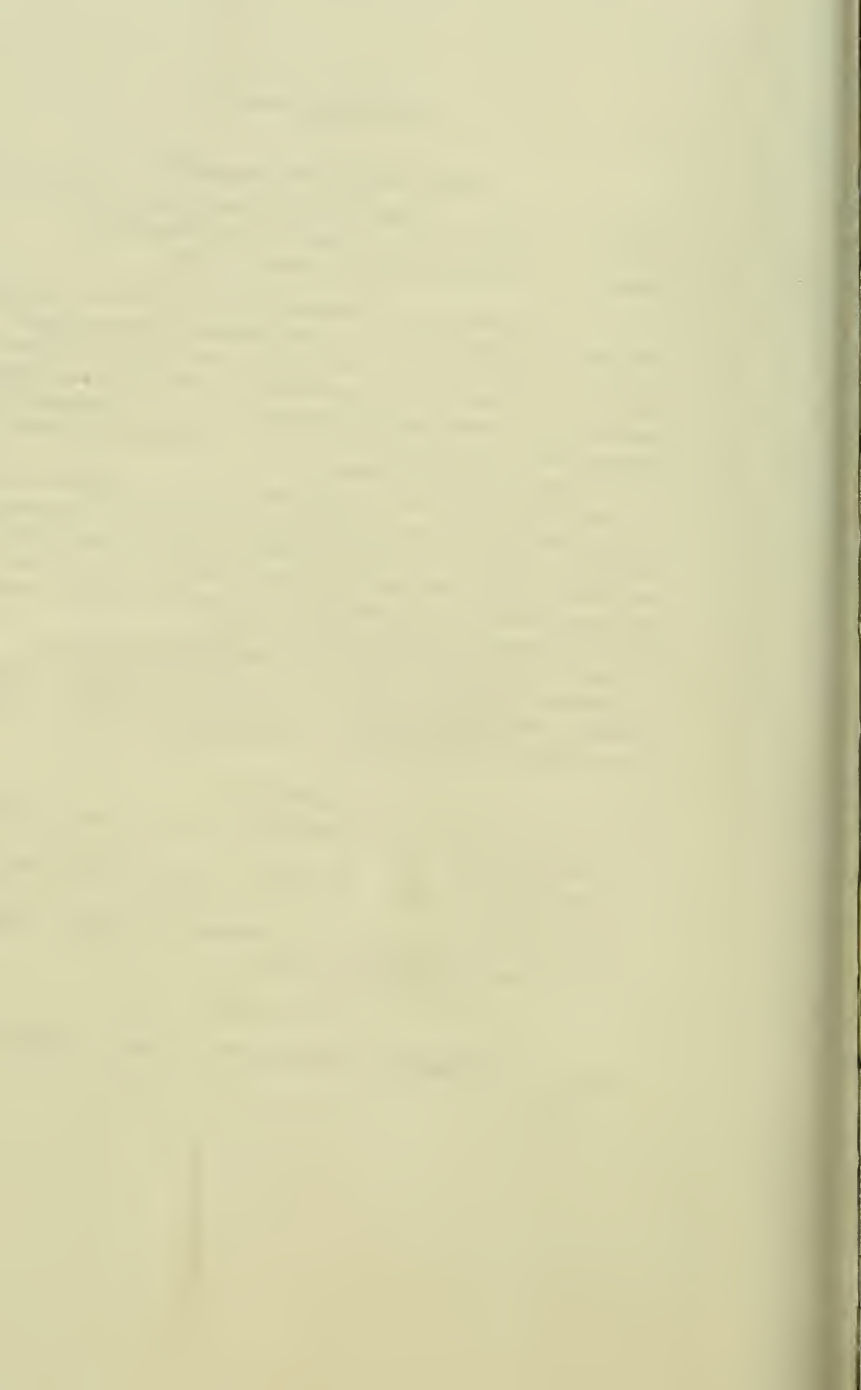
Collateral Reading.—Schmiedeberg, *Arzneimittellehre.* Binz, *Vorlesungen ueber Pharmacologie.* H. C. Wood, *Therapeutics.* Brunton, *Pharmacology, Materia Medica, and Therapeutics.*

SECOND YEAR.

- Pharmacology lectures. Professor PFAFF. *Twice a week, February to May inclusive.* 32
- Materia Medica lectures. Dr. TYRODE. *Once a week, February to May inclusive.* 16
- Voluntary laboratory work. Drs. TYRODE and NELSON. *Two hours once a week during April and May.*

THIRD YEAR.

- Lectures on Therapeutics. Professor PFAFF. *Once a week, first half-year.* 16



The Theory and Practice of Physic.

REGINALD H. FITZ, M.D., *Hersey Professor of the Theory and Practice of Physic.*

ELBRIDGE G. CUTLER, M.D., *Instructor in the Theory and Practice of Physic.*

ARTHUR K. STONE, M.D., *Assistant in the Theory and Practice of Physic.*

ELLIOTT P. JOSLIN, M.D., *Instructor in the Theory and Practice of Physic.*

FRANKLIN W. WHITE, M.D., *Assistant in the Theory and Practice of Physic.*

GEORGE S. C. BADGER, M.D., *Assistant in the Theory and Practice of Physic.*

JOSEPH H. PRATT, M.D., *Assistant in the Theory and Practice of Physic.*

HENRY A. CHRISTIAN, M.D., *Instructor in the Theory and Practice of Physic.*

Second and Third years.—*Lectures.* Lectures on selected topics are given at the Medical School.

Clinical Exercises.—Clinical exercises in which the students are called upon to take an active part are given at the Massachusetts General Hospital.

Ward Visits.—Students in sections will visit patients at stated intervals in the wards of the Massachusetts General Hospital.

Section Teaching.—Small sections of the class will be drilled in the larger hospitals and clinics in the taking of histories and in the examination of urine, blood, sputum, and gastric contents.

Text-books.—Osler, *Practice of Medicine.* Tyson, *Practice of Medicine.* Strümpell, *Text-book of Medicine.*

Collateral Reading.—Loomis-Thompson, *American System of Practical Medicine.* Allbutt, *System of Medicine.* Nothnagel, *Specielle Pathologie und Therapie.* Eulenburg, *Real-Encyclopädie der gesammten Heilkunde.*

SECOND YEAR.

Lectures on selected topics. Professor FITZ. (H.M.S.) *Twice a week, second half-year.* 32

Clinical lectures. Professor FITZ. (M.G.H.) *Once a week, second half-year.* 16

Clinical lectures. Dr. CUTLER. (M.G.H.) *Twice a week, second half-year.* 32

Exercises in sections. Drs. STONE, JOSLIN, WHITE, BADGER, and PRATT. *Twice a week, second half-year, for each student.* 32



THIRD YEAR.

Lectures on selected topics. Professor FITZ. (H.M.S.)	<i>Twice a week, first half-year.</i>	32
Clinical lectures. Professor FITZ. (M.G.H.)	<i>Twice a week, first half-year.</i>	32
	<i>Once a week, second half-year.</i>	16
Clinical lectures. Dr. CUTLER. (M.G.H.)	<i>Once a week, first half-year.</i>	16
Ward Visits. Dr. CUTLER. (M.G.H.)	<i>During the year.</i>	8
Exercises in sections. Drs. STONE, JOSLIN, WHITE, BADGER and PRATT.	<i>First half-year.</i>	8

Clinical Medicine.

FREDERICK C. SHATTUCK, M.D., *Jackson Professor of Clinical Medicine.*
 GEORGE G. SEARS, M.D., *Assistant Professor of Clinical Medicine.*
 HERMAN F. VICKERY, M.D., *Instructor in Clinical Medicine.*
 HENRY JACKSON, M.D., *Instructor in Clinical Medicine.*
 JOHN W. BARTOL, M.D., *Assistant in Clinical Medicine.*
 JAMES M. JACKSON, M.D., *Assistant in Clinical Medicine.*
 RICHARD C. CABOT, M.D., *Instructor in Clinical Medicine.*
 FRANCIS P. DENNY, M.D., *Assistant in Clinical Medicine.*
 WILLIAM H. ROBESY, Jr., M.D., *Assistant in Clinical Medicine.*
 WILLIAM H. SMITH, M.D., *Assistant in Clinical Medicine.*
 EDWIN A. LOCKE, M.D., *Assistant in Clinical Medicine.*
 FREDERICK T. LORD, M.D., *Assistant in Clinical Medicine.*

The study of Clinical Medicine begins with the second half of the second year. Daily instruction is given by clinical lectures, hospital visits, and other exercises.

Second year.—The following courses continue during the second half-year.

Physical diagnosis for the class in small sections. Every student attends two exercises a week.

Clinical instruction for the entire class, five times a week, in diagnostic methods, diagnosis, and treatment.

Third year.—Four exercises a week are held in the hospital amphitheatres. The teaching is more advanced, with greater stress on therapeutics. The amount of clinical material is so large that during the year a wide range of diseases is illustrated practically. Even of the rarer affections often several examples are shown.

Supplementary instruction is given to the class in small sections in connection with the Department of Theory and Practice. Each student attends forty-eight exercises during the year.

Text-books. — Osler, Practice of Medicine. Strümpell, Text-book of Medicine. Musser, Medical Diagnosis. Simon, Clinical Diagnosis. Cabot, Physical Diagnosis.

Collateral Reading. — Allbutt, System of Medicine. Twentieth Century Practice of Medicine. Nothnagel, Specielle Pathologie und Therapie. Fagge and Pye-Smith, Practice of Medicine. Gowers, Diseases of the Nervous System. Hare, Practical Diagnosis. Butler, Diagnostics of Internal Medicine. Le Fevre, Physical Diagnosis.

SECOND YEAR.

Clinics. Professor SHATTUCK and Dr. VICKERY (M.G.H.) and Assistant Professor SEARS and Dr. H. JACKSON (B.C.H.). *Five times a week, second half-year.* 80

Physical Diagnosis. Drs. CABOT, J. M. JACKSON, and LORD (M.G.H.), Drs. ROBEY and LOCKE (B.C.H.), and Dr. DENNY (B.D.). *Two exercises a week, second half-year, for each student.* 32

THIRD YEAR.

Clinics. Professor SHATTUCK. (M.G.H.) *Twice a week, first half-year; once a week, second half-year.* 48

Assistant Professor SEARS. (B.C.H.) *Once a week.* 32

Dr. H. JACKSON. (B.C.H.) *Once a week, first half-year.* 16

Dr. BARTOL. (B.C.H.) *Twice a week, second half-year.* 32

Pediatrics.

THOMAS MORGAN ROTCH, M.D., *Professor of Pediatrics.*

JOHN H. MCCOLLOM, M.D., *Assistant Professor of Contagious Diseases.*

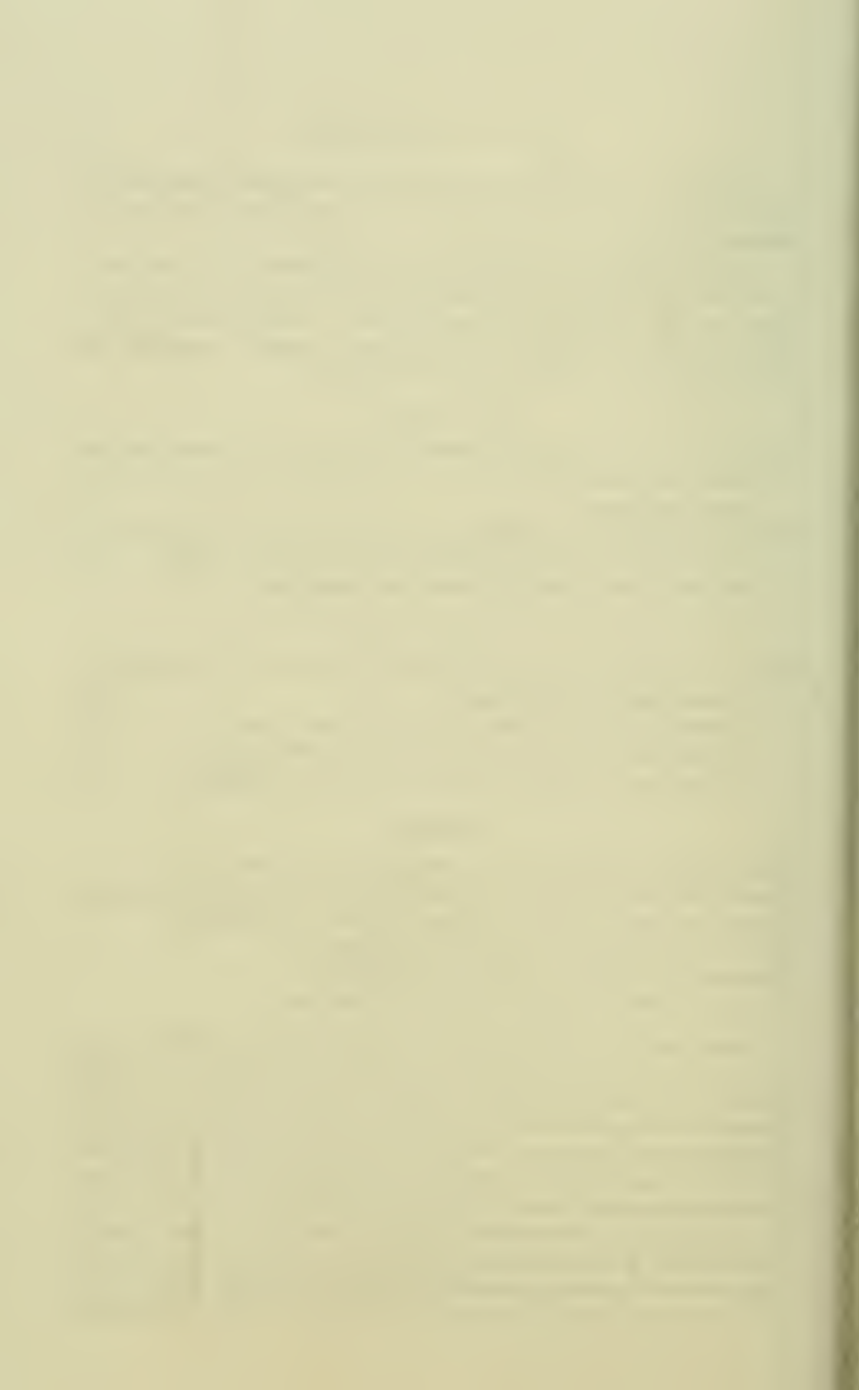
GEORGE A. CRAIGIN, M.D., *Clinical Instructor in Pediatrics.*

JOHN L. MORSE, M.D., *Instructor in Pediatrics.*

MAYNARD LADD, M.D., *Assistant in Pediatrics.*

CHARLES H. DUNN, M.D., *Assistant in Pediatrics.*

Third Year. — Lectures on selected topics preparatory for the clinical teaching are given early in the year. Clinical lectures are given from November to April inclusive at the Children's Hospital and at North Grove Street; the students are required to take an active part in the examination and discussion of the cases. A certain number of recitations on subjects selected as best taught in this way are held in the course of the year, and a large amount of case teaching occurs in the latter part of the year. Sectional teaching at the bedside is given from October to May inclusive, and comprises a large proportion of the year's instruction. During the first half-year the class in sections receives instruction three times a week in the contagious wards of the Boston City Hospital, where each student



is shown and examines cases of diphtheria, scarlet fever, and measles. Each student is taught the technique of intubation, and has an opportunity to see intubation performed. A written report of the cases seen is required. In all the clinical and sectional teaching especial attention is paid to clinical therapeutics.

Text-book. — Rotch. Pediatrics.

Collateral Reading. — Keating. Cyclopaedia of the Diseases of Children. Northrup. American Edition of The Diseases of Children, by Ashby and Wright. Jacobi. Therapeutics of Infancy and Childhood. Holt. Diseases of Infancy and Childhood. Sachs, The Nervous Diseases of Children.

THIRD YEAR.

Lectures. Professor Rotch. (H.M.S.) *Once a week, October 5 to December 21; twice a week, February 1 to February 26; once a week, March 1 to April 12.* 25

Dr. LADD. (H.M.S.) *Once a week, January 4 to January 25.* 4

Clinical lectures. Professor Rotch. (Ch.H.) *Once a week, October 6 to February 16.* 19

Dr. MORSE. (North Grove St.) *Once a week, February 23 to March 30.* 6

Recitations and Case Teaching. Dr. MORSE. *Once a week, March 5 to April 16; twice a week, April 23 to May 31.* 19

Section Teaching.

Assistant Professor McCOLLOM. (S.D.B.C.H.) *Three times a week, first half-year.*

Dr. MORSE. (Ch.H. and I.H.) *29 times, first half-year; 12 times, second half-year.*

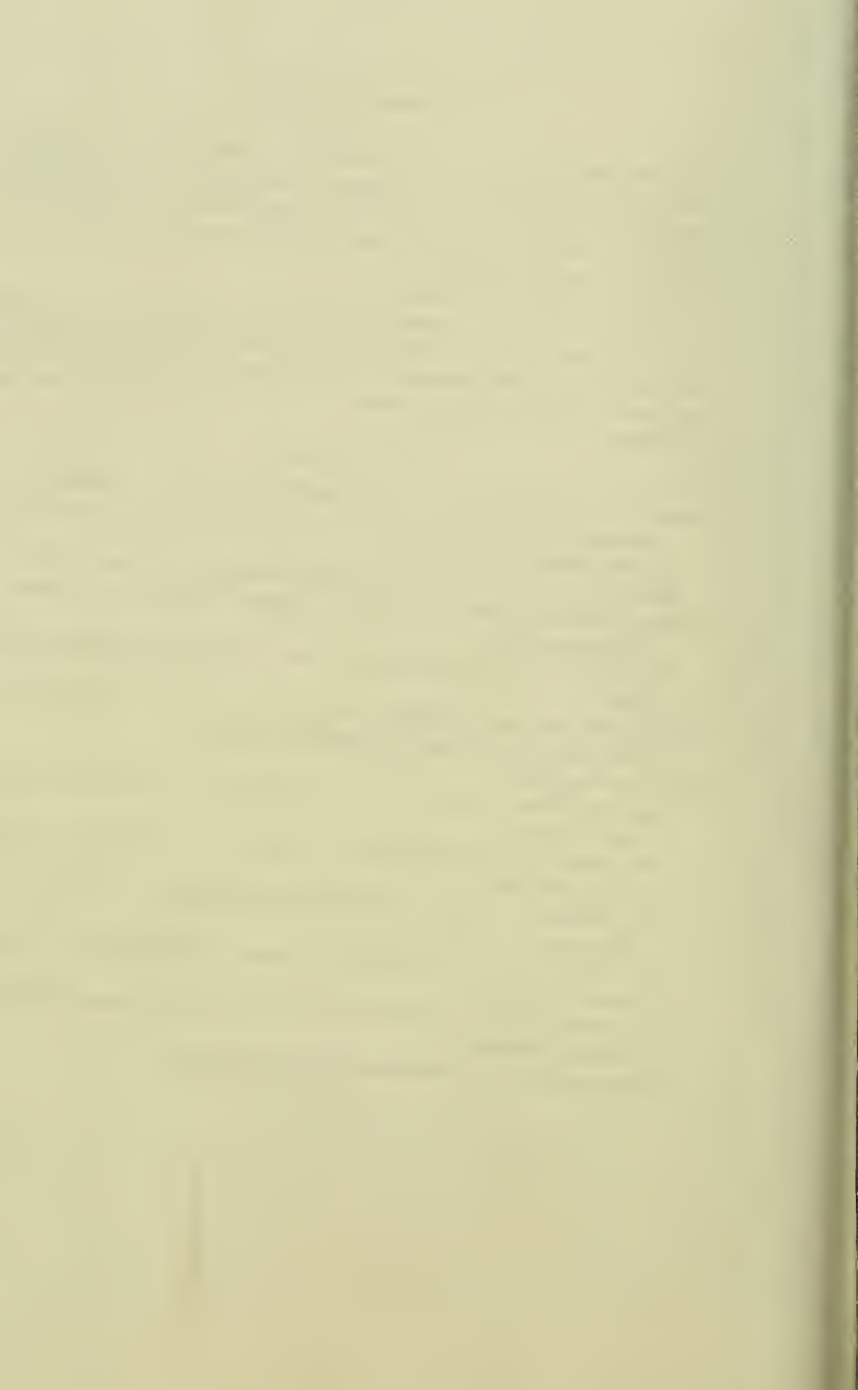
Dr. CRAIGIN. (Ch.H.) *46 times, first half-year; 6 times, second half-year.*

Dr. LADD. (Ch.H. and I.H.) *48 times, first half-year; 26 times, second half-year.*

Dr. DUNN. (Ch.H. and I.H.) *42 times, first half-year; 32 times, second half-year.*

Each student receives 29 hours of section teaching.

29



Surgery.

The Division of Surgery is composed of the departments of surgery, clinical surgery, orthopedic surgery, and surgical pathology.

J. COLLINS WARREN, M.D., LL.D., *Moseley Professor of Surgery.*
 EDWARD H. BRADFORD, M.D., *Professor of Orthopedic Surgery.*
 MATTHEW H. RICHARDSON, M.D., *Professor of Clinical Surgery.*
 HERBERT L. BURRELL, M.D., *Professor of Clinical Surgery.*
 EDWARD H. NICHOLS, M.D., *Assistant Professor of Surgical Pathology.*
 GEORGE W. GAY, M.D., *Lecturer on Surgery.*
 SAMUEL J. MIXTER, M.D., *Lecturer on Surgery.*
 GEORGE H. MONKS, M.D., *Lecturer on Surgery.*
 FRANCIS S. WATSON, M.D., *Lecturer on Genito-Urinary Surgery.*
 FRANCIS B. HARRINGTON, M.D., *Lecturer on Surgery.*
 ROBERT W. LOVETT, M.D., *Assistant in Orthopedics.*
 ELLIOTT G. BRACKETT, M.D., *Assistant in Orthopedics.*
 PAUL THORNDIKE, M.D., *Instructor in Genito-Urinary Surgery.*
 JOEL E. GOLDTHWAIT, M.D., *Assistant in Orthopedics.*
 JOHN B. BLAKE, M.D., *Instructor in Surgery.*
 WILLIAM E. FAULKNER, M.D., *Assistant in Surgery.*
 HOWARD A. LOTHROP, M.D., *Instructor in Surgery.*
 FRANKLIN G. BALCH, M.D., *Assistant in Surgery.*
 JOHN DANE, M.D., *Assistant in Orthopedics.*
 FRED B. LUND, M.D., *Assistant in Surgery.*
 CHARLES A. PORTER, M.D., *Instructor in Surgery.*
 GEORGE W. W. BREWSTER, M.D., *Assistant in Surgery.*
 ERNEST A. CODMAN, M.D., *Assistant in Surgery.*
 ROBERT B. GREENOUGH, M.D., *Instructor in Surgery.*
 DANIEL F. JONES, M.D., *Assistant in Surgery.*
 L. R. G. CRANDON, M.D., *Assistant in Surgery.*

FRED T. MURPHY, M.D., *Austin Teaching Fellow in Surgery.*

Instruction is given by systematic lectures, recitations, lecture demonstrations, clinical lecture demonstrations, and by section teaching in the wards, in the out-patient departments, and in the laboratory.

Second and Third years.—A course in surgical pathology, consisting of laboratory exercises, in which are studied the healing of wounds, fractures, diseases of bones and joints, and the special pathology which is of surgical importance, is given in the month of January. A series of clinical lectures, illustrating the lesions studied in this course in the laboratory, is given at the Boston City Hospital. During the second half of the second year and

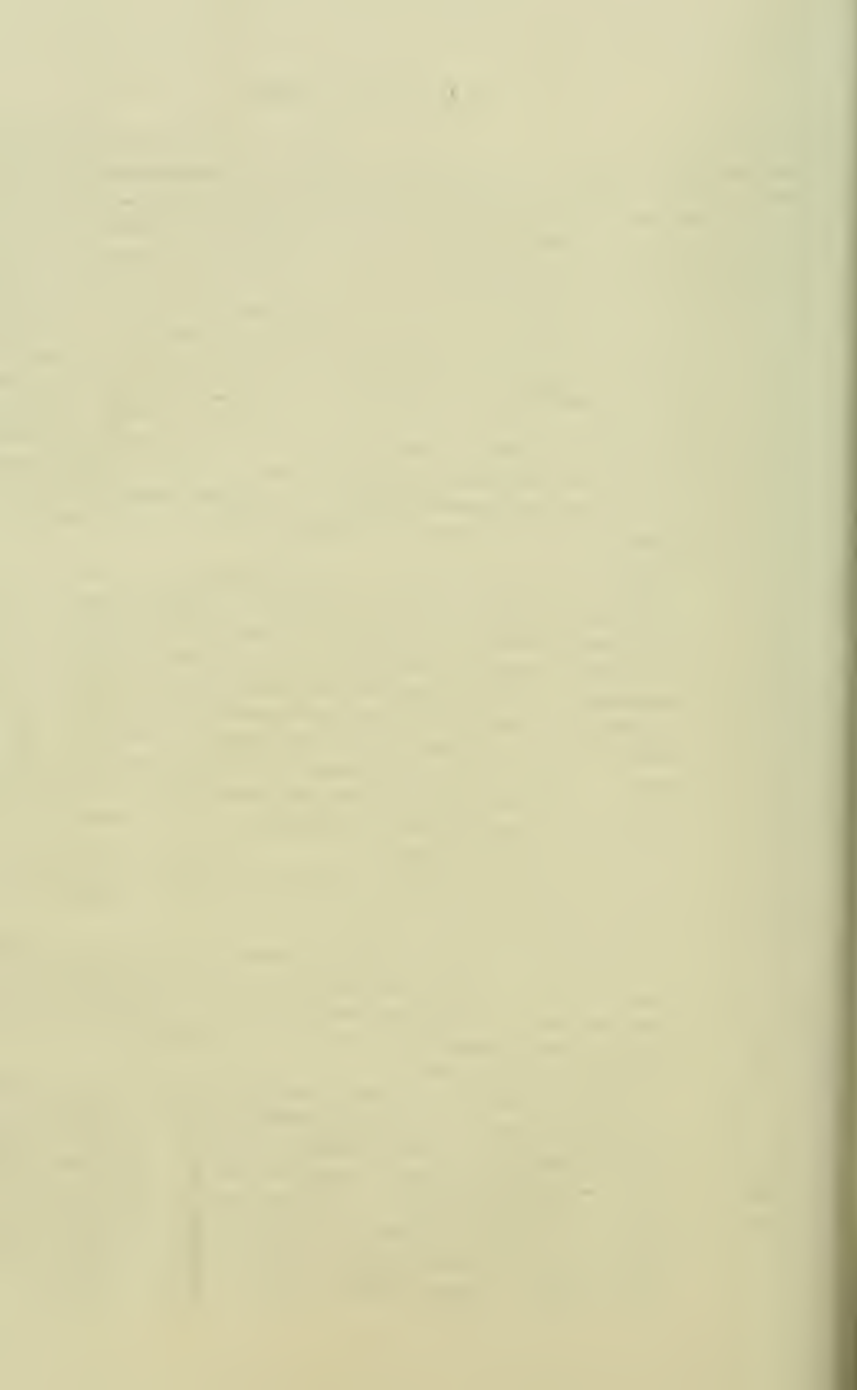
in the first half of the third year the instruction consists of systematic lectures, recitations, demonstrations of surgical pathological material, and clinical demonstrations. Every week the student has four lectures, demonstrations or recitations, and four clinical exercises illustrating the lectures, demonstrations and recitations. In the first week the systematic lectures are given on surgical technic; in the second week on surgical materials and case-taking; in the third week on trauma, hemorrhage, sepsis, etc. The various subjects in surgery are taken up in successive weeks and illustrated contemporaneously by clinical lectures and demonstrations, until the end of the first half of the third year. As early as may be in the second half of the second year, the course in surgical technic is given. It consists of six hours of lectures to the entire class, and of twelve laboratory exercises, of two hours each, to the class in sections. The laboratory course consists of the application of bandages and surgical apparatus, and of the preparation and application of surgical dressings and materials by the students.

After the course in surgical technic the student is required to serve satisfactorily at least one month in the surgical out-patient department of the Massachusetts General Hospital or the Boston City Hospital. During this month of service as surgical dresser the student receives instruction in anesthesia and instruction in minor genito-urinary surgery. In the first half of the third year the student receives instruction in the surgical wards of the Massachusetts General and Boston City Hospitals. In this section teaching students have instruction on a number of selected subjects in major surgery, are brought into personal contact with the patient at the bedside, and have practical experience in the diagnosis, prognosis, and treatment of surgical cases.

A required course in orthopedic surgery is given in the first half of the year and consists of lectures at the Medical School and of clinical exercises at the Children's Hospital.

A required course in genito-urinary surgery is given in the first half of the third year, consisting of eight lectures. In the second half of the third year the class is divided into small sections, and each student receives instruction for six hours in the out-patient departments in the details of minor genito-urinary work.

Books recommended.—International Text-book of Surgery. Warren, Surgical Pathology. American Text-book of Surgery (edition of 1903). Park's Surgery by American Authors. Cheever, Lectures on Surgery. Dennis, System of Surgery. König, Lehrbuch der Speciellen Chirurgie. Bryant, Operative Surgery. Jacobson (and Steward), Operations of Surgery. Brewer, Text-book of Surgery. DaCosta, Modern Surgery. Albert, Surgical Diagnosis (translated by Frank). Seudder, Treatment of Fractures. Stimson, Fractures and Dislocations. Marchand, Wund-



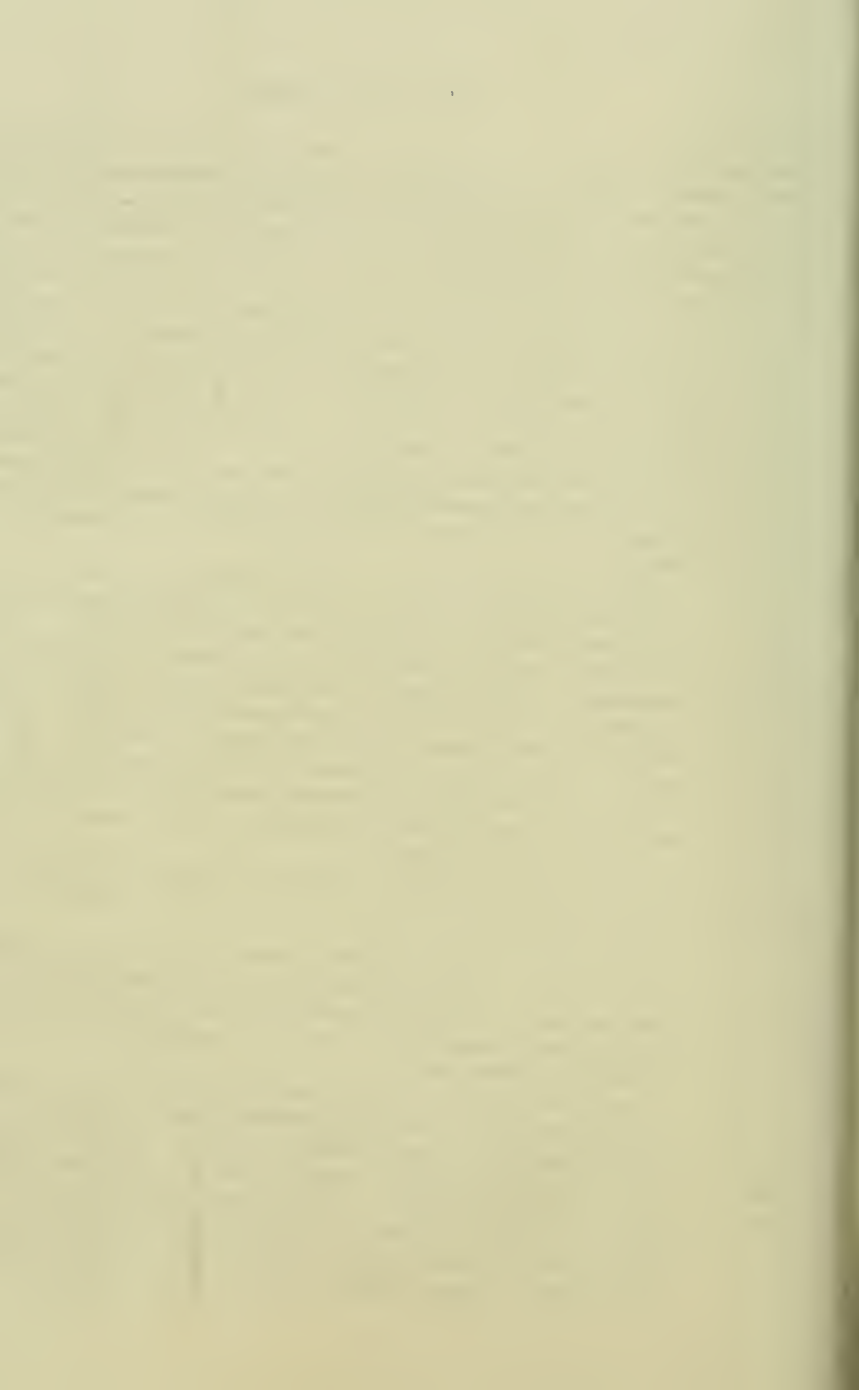
heiling. Gould. Elements of Surgical Diagnosis. Wharton, Minor Surgery and Bandaging. Whitman, Orthopedic Surgery. Bradford and Lovett, Orthopedic Surgery. Hoffa, Orthopädische Chirurgie. Keyes, Surgical Diseases of the Genito-Urinary Organs. Morton, Genito-Urinary Diseases and Syphilis. Mumford, Clinical Talks on Minor Surgery. Burrell and Blake, Case Teaching in Surgery.

SECOND YEAR.

Laboratory course in Surgical Pathology. Assistant Professor NICHOLS. (H.M.S.) *Twenty three-hour exercises during January.* (See Pathology.) 60
 Clinical lectures in connection with the above course. Assistant Professor NICHOLS. (B.C.H.) *Twelve exercises during January.* 12
 Laboratory course in Surgical Technic. Dr. LOTHROP. *Six lectures to the entire class.* 6
Twelve two-hour exercises for each student during second half of second year. 24
 Systematic lectures, demonstrations, and recitations. Professors WARREN and BURRELL. (H.M.S.) *Four times a week.* 128
 Clinical demonstrations in connection with the above lectures. Professor RICHARDSON (M.G.H.), and Drs. J. B. BLAKE and LOTHROP (B.C.H.). *Four times a week.* 64

THIRD YEAR.

Systematic lectures, demonstrations, and recitations. Professors WARREN and BURRELL. (H.M.S.) *Three times a week, first half-year.* 48
 Clinical demonstrations in connection with above lectures. Professors WARREN (M.G.H.) and BURRELL (B.C.H.). *Twice a week, first half-year.* 32
 Clinical lectures. Professor M. H. RICHARDSON. (M.G.H.) *Once a week, second half-year.* 16
 Professor BURRELL, and Drs. GAY and MONKS. (B.C.H.) *Twice a week, second half-year.* 32
 Clinical exercises in surgical wards. Drs. HARRINGTON, LOTHROP, CODMAN, LUND, and CRANDON. *Twice a week for eight weeks, first half-year.* 16
 Lectures and demonstrations. Orthopedic surgery. Professor BRADFORD. (H.M.S. and Ch. II.) *Once a week, first half-year.* 16
 Lectures. Genito-Urinary Surgery. Dr. THORNDIKE. (H.M.S.) *Once a week for eight exercises in October and November.* 8
 Section teaching at the Hospitals. *One hour a day for six days.* 6



heilung. Gould, Elements of Surgical Diagnosis. Wharton, Minor Surgery and Bandaging. Whitman, Orthopedic Surgery. Bradford and Lovett, Orthopedic Surgery. Hoffa, Orthopädische Chirurgie. Keyes, Surgical Diseases of the Genito-Urinary Organs. Morton, Genito-Urinary Diseases and Syphilis. Mumford, Clinical Talks on Minor Surgery. Burrell and Blake, Case Teaching in Surgery.

SECOND YEAR.

Laboratory course in Surgical Pathology. Assistant Professor NICHOLS. (H.M.S.) *Twenty three-hour exercises during January.* (See Pathology.) 60
 Clinical lectures in connection with the above course. Assistant Professor NICHOLS. (B.C.H.) *Twelve exercises during January.* 12
 Laboratory course in Surgical Technic. Dr. LOTHROP. *Six lectures to the entire class.* 6
Twelve two-hour exercises for each student during second half of second year. 24
 Systematic lectures, demonstrations, and recitations. Professors WARREN and BURRELL. (H.M.S.) *Four times a week.* 128
 Clinical demonstrations in connection with the above lectures. Professor RICHARDSON (M.G.H.), and Drs. J. B. BLAKE and LOTHROP (B.C.H.). *Four times a week.* 64

THIRD YEAR.

Systematic lectures, demonstrations, and recitations. Professors WARREN and BURRELL. (H.M.S.) *Three times a week, first half-year.* 48
 Clinical demonstrations in connection with above lectures. Professors WARREN (M.G.H.) and BURRELL (B.C.H.). *Twice a week, first half-year.* 32
 Clinical lectures. Professor M. H. RICHARDSON. (M.G.H.) *Once a week, second half-year.* 16
 Professor BURRELL, and Drs. GAY and MONKS. (B.C.H.) *Twice a week, second half-year.* 32
 Clinical exercises in surgical wards. Drs. HARRINGTON, LOTHROP, CODMAN, LUND, and CRANDON. *Twice a week for eight weeks, first half-year.* 16
 Lectures and demonstrations. Orthopedic surgery. Professor BRADFORD. (H.M.S. and Ch. H.) *Once a week, first half-year.* 16
 Lectures. Genito-Urinary Surgery. Dr. THORNDIKE. (H.M.S.) *Once a week for eight exercises in October and November.* 8
 Section teaching at the Hospitals. *One hour a day for six days.* 6

Collateral Reading.—Skene, Diseases of Women. Davenport, Diseases of Women. Winckel, Diseases of Women. Emmet, Principles and Practice. Dudley, Diseases of Women. Byford, Manual of Gynaecology. Penrose, Textbook of Diseases of Women.

THIRD YEAR.

Lectures or recitations. Professor GREEN. (H.M.S.) *Twice a week, second half-year.* 32

Clinical exercises. Dr. STORER (B.D.), Drs. NEWELL and YOUNG (B.C.H.). *In sections, nine times a week in February and March, then three times a week. Every student receives six hours of instruction.* 6

Dermatology and Syphilis.

JOHN T. BOWEN, M.D., *Assistant Professor of Dermatology.*

ABNER POST, M.D., *Instructor in Syphilis.*

HARVEY P. TOWLE, M.D., *Assistant in Dermatology.*

C. MORTON SMITH, M.D., *Assistant in Syphilis.*

CHARLES J. WHITE, M.D., *Instructor in Dermatology.*

FREDERICK S. BURNS, M.D., *Assistant in Dermatology.*

DERMATOLOGY.

Third year.—A course of lectures, recitations, and demonstrations is given during October and November, and a weekly clinical exercise extends throughout the year.

Collateral Reading:—Stelwagon. Duhring. Hyde. Robinson. Crocker. Kaposi. v Ziemssen. Besnier. Van Harlingen. Jackson. Taylor.

THIRD YEAR.

Lectures, demonstrations, and recitations on diseases of the skin. Assistant Professor BOWEN. (H.M.S.) *Once a week during October and November.* 8

Clinical Dermatology. Assistant Professor BOWEN. (M.G.H.) *Once a week.* 32

Clinical exercises. Assistant Professor BOWEN. (M.G.H.) *In sections, twice a week, February and March.* 8

SYPHILIS.

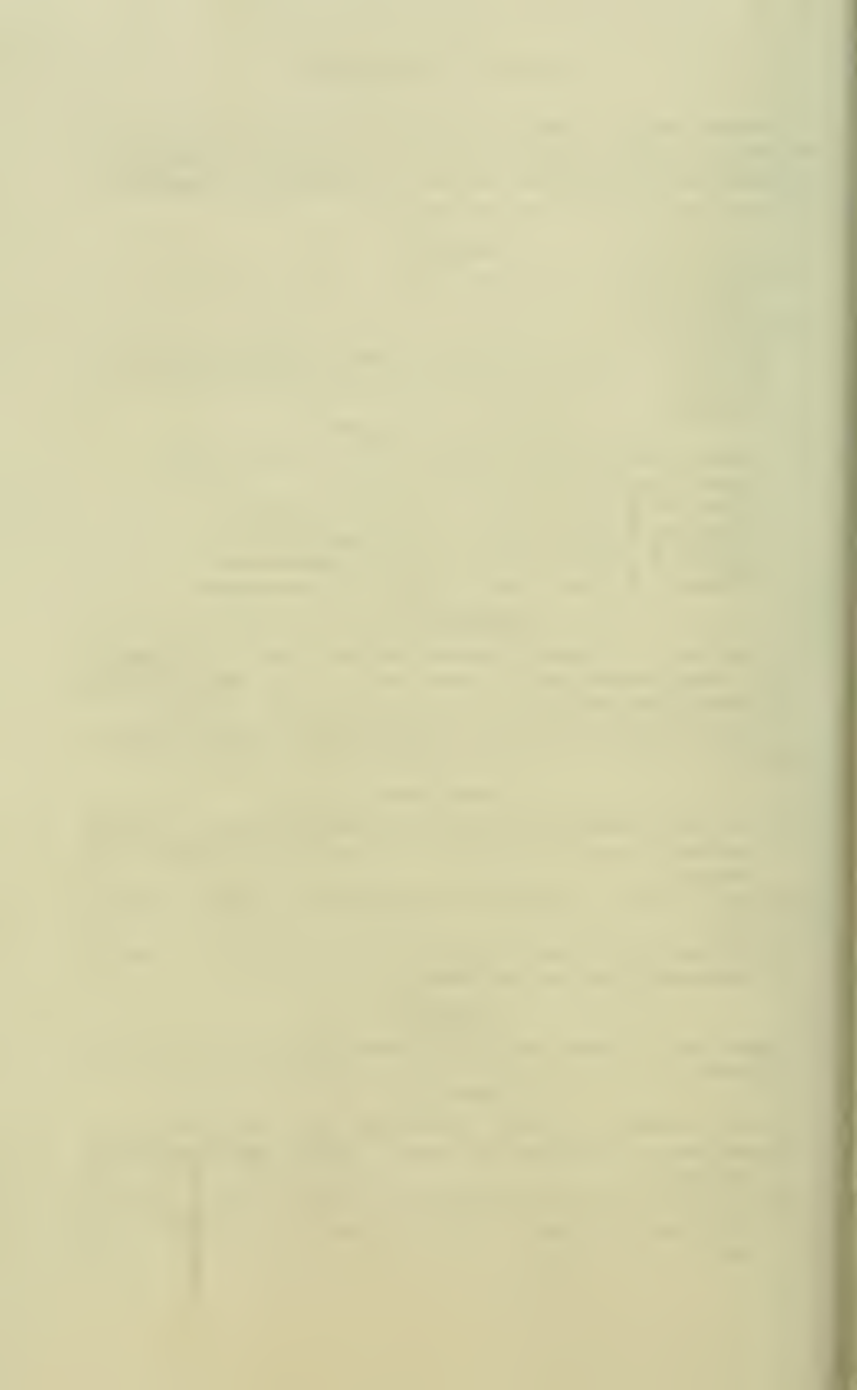
Third year.—Lectures and clinical instruction are given at the Boston Dispensary.

THIRD YEAR.

Lectures. Dr. POST. (H.M.S.) *Once a week, December and January.* 8

Clinical lectures. Drs. POST and SMITH. (B.D.) *Once a week, April and May.* 8

Clinical exercises. Drs. POST and SMITH. (B.D.) *In sections, twice a week, second half-year. Each student attends six two-hour exercises.* 12



Neurology.

JAMES J. PUTNAM, M.D., *Professor of Diseases of the Nervous System.*
 GEORGE L. WALTON, M.D., *Clinical Instructor in Diseases of the Nervous System.*

PHILIP COOMES KNAPP, M.D., *Clinical Instructor in Diseases of the Nervous System.*

EDWARD W. TAYLOR, M.D., *Assistant in Neurology.*

GEORGE A. WATERMAN, M.D., *Assistant in Neurology.*

Second year. — Instruction is given during December on the pathology of the nervous system. The course is illustrated by lantern projections of histological preparations and by work in the laboratory.

Third year. — During the first half-year one lecture a week, and during the second half-year two lectures a week are given at the Massachusetts General Hospital. The lectures are illustrated by cases from the large and excellent out-patient service, and from the medical and surgical wards of the hospital. In addition, the students are given an opportunity to study cases outside the lecture hours, and to report on them.

Text-book. — Putnam and Waterman, *Studies in Neurological Diagnosis.*

Collateral Reading. — Gowers, *Diseases of the Nervous System.* Dana, *Text-book of Nervous Diseases.* Herter, *Manual of Diagnosis of Nervous Diseases.* Sachs, *Nervous Diseases of Children.* Mills, *The Nervous System and Its Diseases.* Oppenheim, *Diseases of the Nervous System* (English translation). Berkeley, *Mental Diseases.* Church and Petersen, *Nervous and Mental Diseases.* Jacob, *Atlas of the Nervous System.*

SECOND YEAR.

Pathology of the Nervous System. DR. SOUTHARD. (H.M.S.) *Fifteen exercises during December.* (See Pathology.) 45

THIRD YEAR.

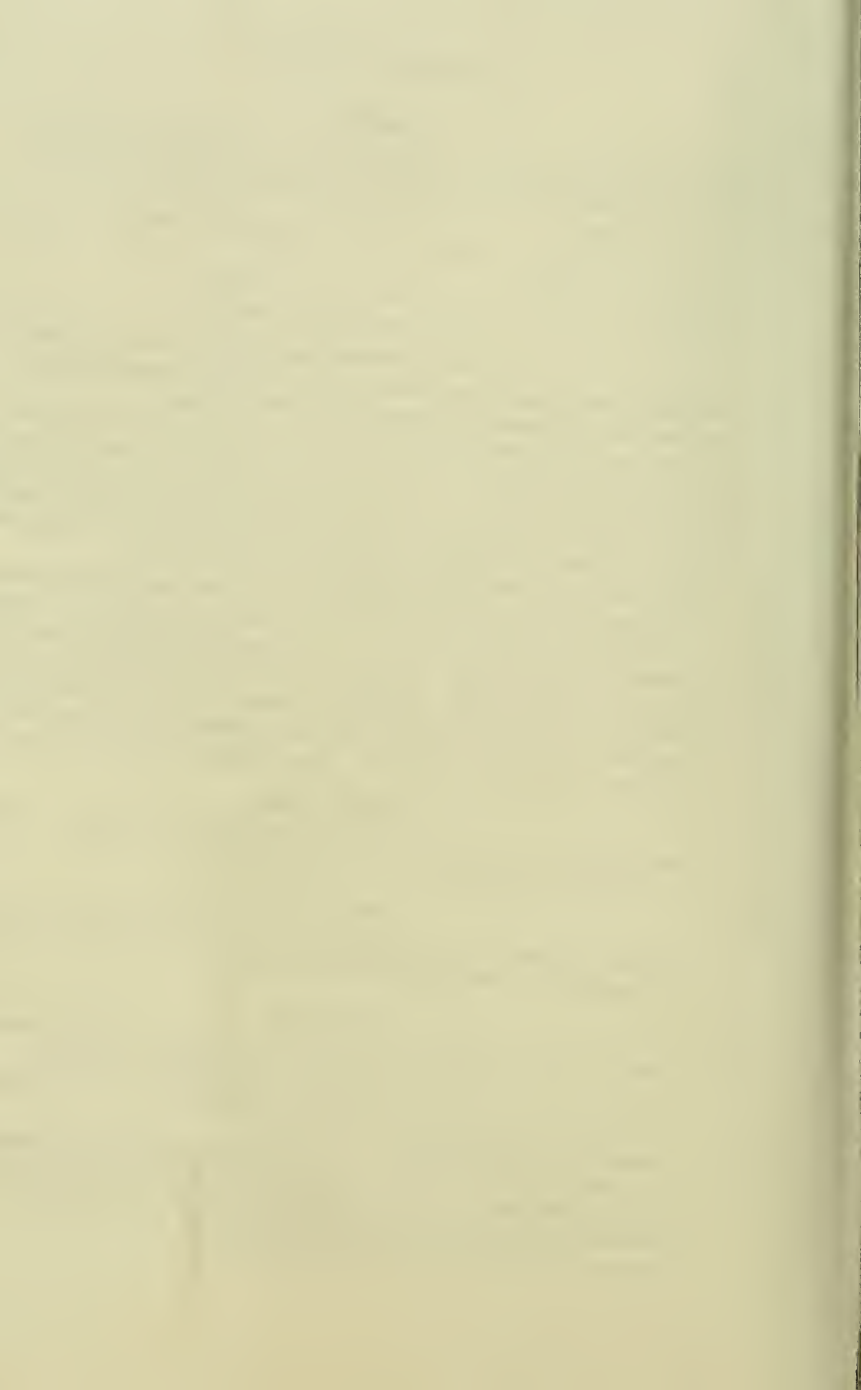
Clinical exercises. PROFESSOR PUTNAM. (M.G.H.) *Once a week, first half-year; twice a week, second half-year.* 48

Psychiatry.

EDWARD COWLES, M.D., LL.D., *Clinical Instructor in Mental Diseases.*
 WILLIAM NOYES, M.D., *Clinical Instructor in Mental Diseases.*

Third year. — Systematic lectures are given at the Medical School during the second half-year.

Text-books. — Kraepelin, *Psychiatrie* (English translation, Defendorf — *Clinical Psychiatrie*). Clouston, *Clinical Lectures on Mental Diseases.* Folsom, *Monograph in Pepper's System of Medicine.* Berkley, *Mental Diseases.* Regis, *Manual of Mental Medicine.*



Collateral Reading.—Krafft-Ebing, Text-book of Insanity. Church and Peterson, Nervous and Mental Diseases. Brower and Bannister, Insanity. James, Psychology. Tuke, Dictionary of Psychological Medicine. Baldwin, Dictionary of Philosophy and Psychology. Hall, Adolescence. Barr, Mental Defectives.

THIRD YEAR.

Lectures. DR. COWLES. (H.M.S.) *Once a week, second half-year.* 16

Ophthalmology.

MYLES STANDISH, M.D., *Assistant Professor of Ophthalmology.*

EDWIN E. JACK, M.D., *Instructor in Ophthalmology.*

ALEXANDER QUACKENBOSS, M.D., *Instructor in Ophthalmology.*

HENRY H. HASKELL, M.D., *Assistant in Ophthalmology.*

EDMUND W. CLAP, M.D., *Assistant in Ophthalmology.*

FRED M. SPALDING, M.D., *Assistant in Ophthalmology.*

Third year.—Instruction consists of lectures at the Medical School and of clinical exercises devoted to diagnostic methods, diagnosis, and treatment at the Massachusetts Charitable Eye and Ear Infirmary.

Text-books.—DeSchweinitz. Fuchs. Swanzy. Jackson.

Collateral Reading.—Loring, On the Ophthalmoscope. Landolt, Refraction and Accommodation. Noyes. Norris and Oliver. System of Diseases of the Eye. Haab, Atlas of the External Diseases of the Eye.

THIRD YEAR.

Lectures. Assistant Professor STANDISH. (H.M.S.) *Twice a week, in October and November.* 16

Clinical exercises. Drs. JACK, QUACKENBOSS, CLAP, SPALDING, and HASKELL. (E. and E.I.) *In sections, ten hours a week, first half-year. Every student receives fourteen hours of instruction.* 14

Otology.

CLARENCE J. BLAKE, M.D., *Professor of Otology.*

EUGENE A. CROCKETT, M.D., *Instructor in Otology.*

PHILIP HAMMOND, M.D., *Assistant in Otology.*

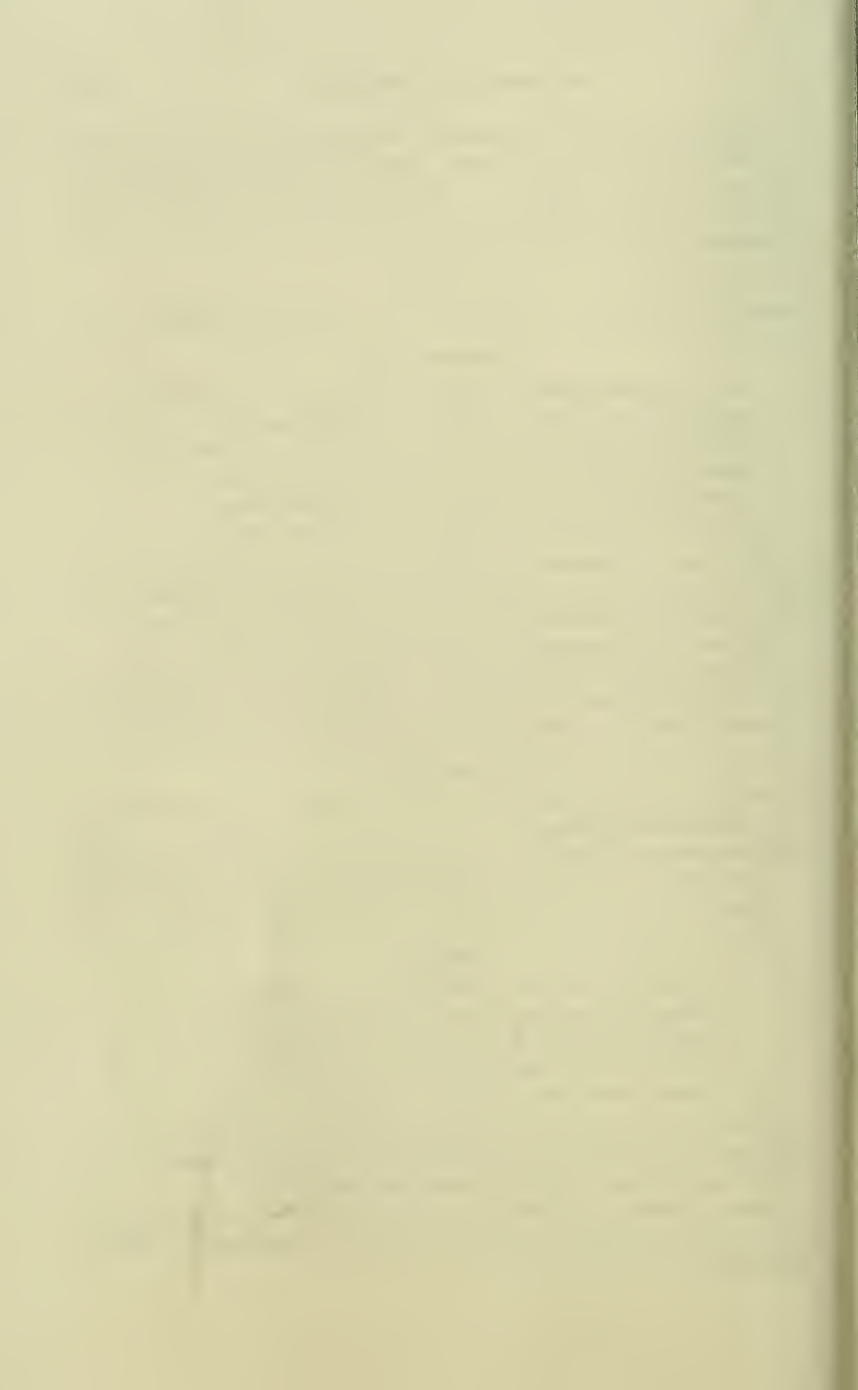
WALTER A. LECOMPTE, M.D., *Assistant in Otology.*

ERNEST DEW. WALES, M.D., *Assistant in Otology.*

Third year.—Lectures are given at the Medical School, and clinical instruction at the Massachusetts Charitable Eye and Ear Infirmary.

Text-books.—Buck. Bacon. Brühl and Politzer.

Collateral Reading.—Poltitzer, Text-book of Diseases of the Ear; 4th ed., translated by Ballin and Heller. Schwartze. Handbuch der Ohrenheilkunde.



THIRD YEAR.

Lectures. Professor BLAKE. (H.M.S.) *Once a week, second half-year.* 16

Clinical exercises. (E. and E.I.) *In sections, two hours, three times a week, second half-year. Every student attends four or five exercises.* 8-10

Laryngology and Rhinology.

THOMAS A. DEBLOIS, M.D., *Clinical Instructor in Laryngology.*

JOHN W. FARLOW, M.D., *Clinical Instructor in Laryngology.*

ALGERNON COOLIDGE, JR., M.D., *Clinical Instructor in Laryngology.*

FREDERIC C. COHN, M.D., *Assistant in Laryngology.*

ROCKWELL A. COFFIN, M.D., *Assistant in Laryngology.*

HARRIS P. MOSHER, M.D., *Assistant in Laryngology.*

Third year.—Instruction consists of lectures and demonstrations, and of training in the use of instruments. The entire class has one lecture a week during the second half-year. For the practical work at the Massachusetts General and Boston City Hospitals, and the Boston Dispensary, the class is divided into small sections.

THIRD YEAR.

Lectures. Dr. FARLOW. (H.M.S.) *Once a week, second half-year.* 16

Clinical exercises. Drs. DEBLOIS and FARLOW (B.C.H.), COHN (B.D.), and COFFIN (B.C.H.). *In sections, second half-year. Twelve exercises for each student.* 12

Legal Medicine.

EZRA R. THAYER, LL.B., will deliver a voluntary course of not more than six lectures on the relation of the medical profession to the law and the courts, during February, on evenings to be announced later. These lectures will be open to students and to the profession.

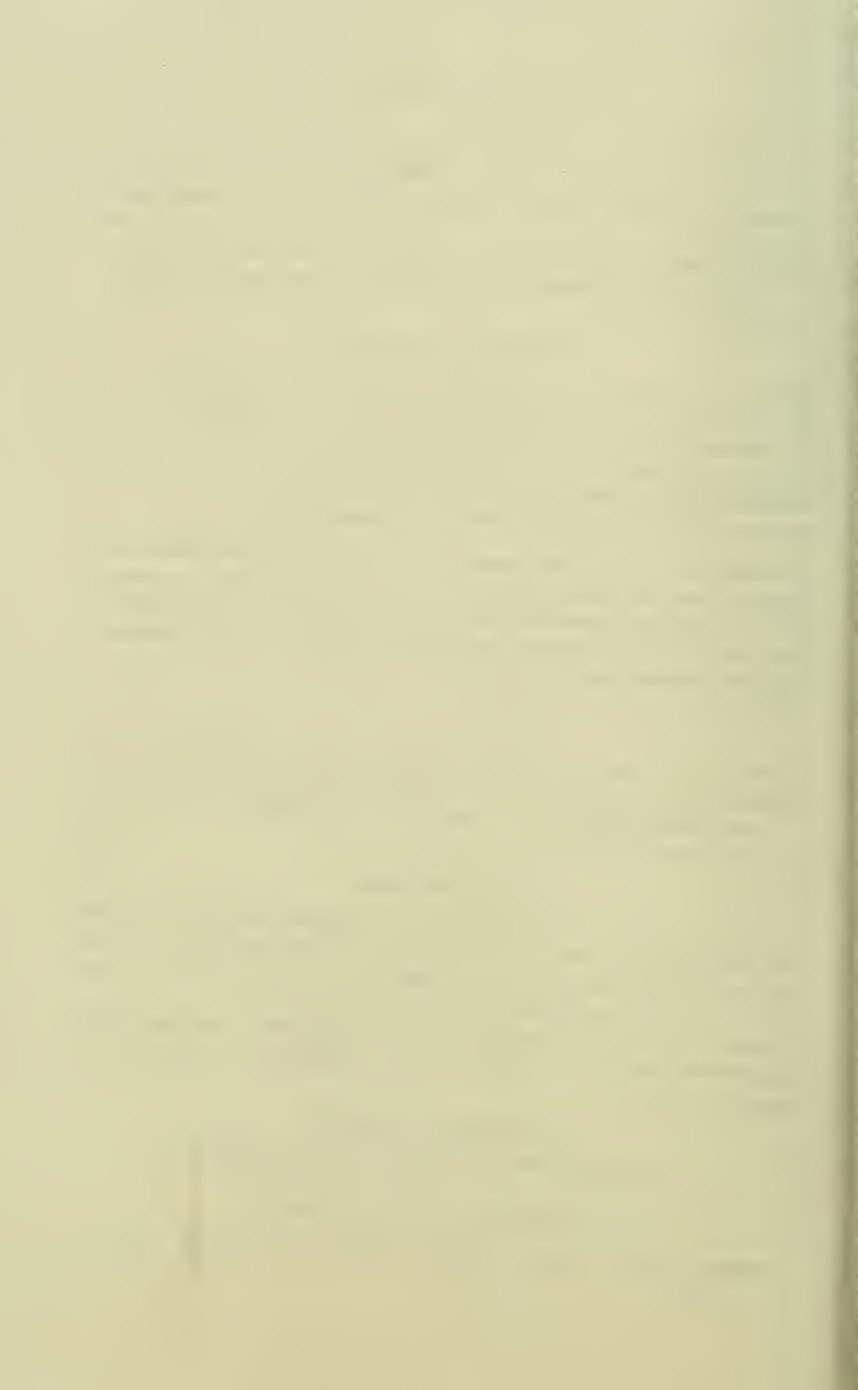
Legal Medicine is no longer taught as a separate study; but the several departments will give instruction in the medico-legal aspects of their respective subjects.

Municipal Sanitation.

SAMUEL H. DURGIN, M.D., *Lecturer on Hygiene.*

THIRD YEAR. OPTIONAL COURSE

Lectures. Dr. DURGIN. (H.M.S.) *Twice a week, February and March.* 16



FOURTH-YEAR ELECTIVES

The electives of the fourth year are given as half-courses. A half-course occupies the entire day for one month (the all-day plan) or the forenoons or the afternoons for two months (the half-day plan). Each half-course has a value of 125 hours. Eight half-courses are necessary to satisfy the requirement of one thousand hours of work demanded in the fourth year. The two half-courses elected for the first two or the last two months of each half-year must be formed on the same plan to avoid conflict.

Medicine, pediatrics, surgery, and obstetrics offer electives on the all-day plan.

Anatomy, histology, embryology, neuropathology, clinical surgical pathology, genito-urinary surgery, orthopedics, surgical pathology, gynaecology, dermatology, neurology, ophthalmology, otology, and laryngology offer electives on the half-day plan.

Physiology, chemistry, bacteriology, pathology, and hygiene offer electives on both plans.

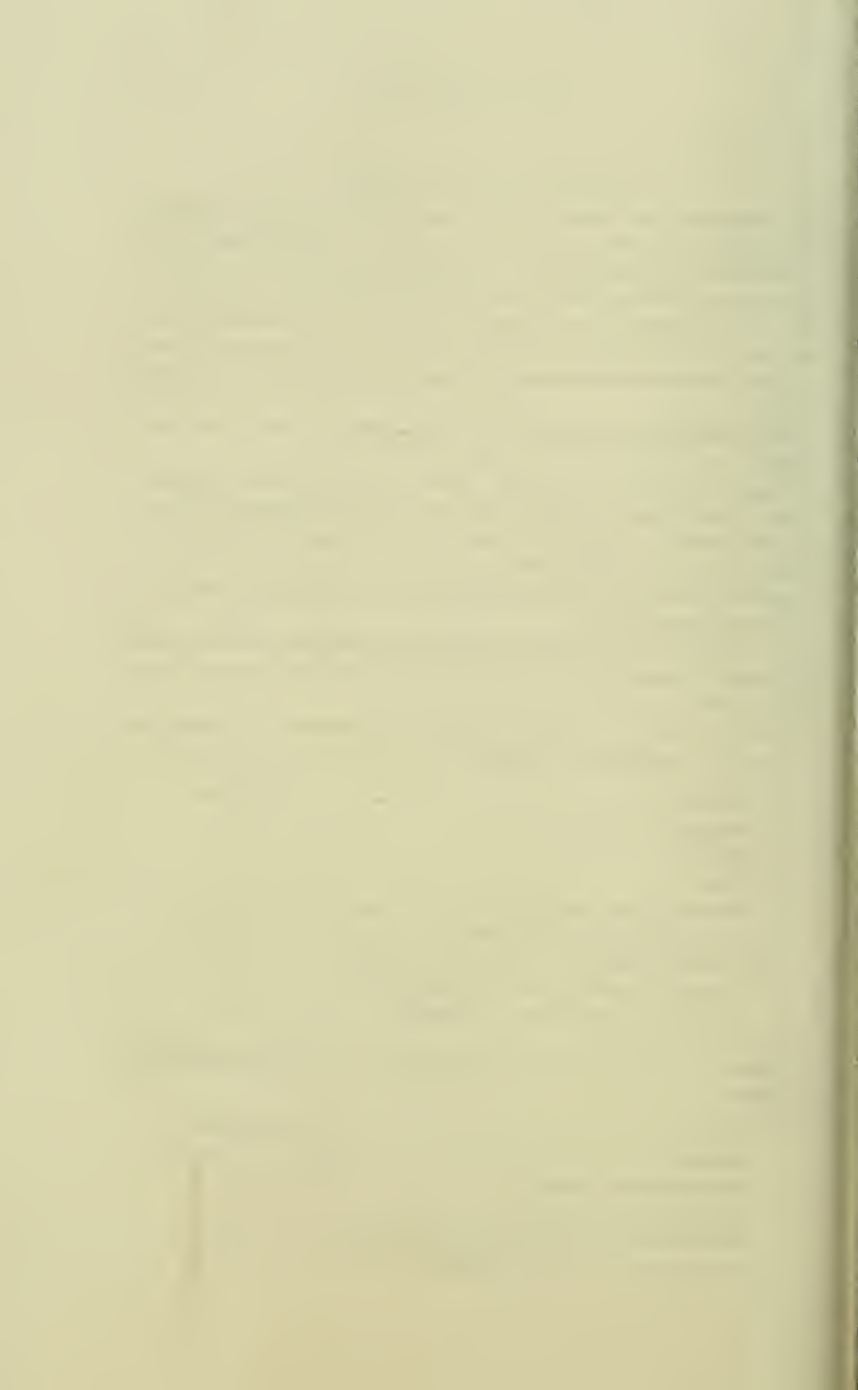
The several half-courses offered by any one department are not necessarily graded courses, but represent hours of clinical, technical, and research work.

Students who intend to become general practitioners are advised to elect the following group of subjects:—

Medicine	3 half-courses.
Pediatrics	1 “ “
Surgery	1 “ “
Obstetrics	1 “ “
Neurology and psychiatry, dermatology and syphilis, or gynaecology	1 “ “
Anatomy, histology, embryology, physiology, chemistry, bacteriology, neuropathology, orthopedics, or hygiene	1 “ “

Students interested in surgery are advised to elect the following group of subjects:—

Medicine	2 half-courses.
Surgery	2 “ “
Genito-urinary surgery	1 “ “
Anatomy	1 “ “
Gynaecology or clinical surgical pathology	1 “ “
Orthopedics or surgical pathology	1 “ “



Students wishing to specialize in any particular branch of medical study may elect more than one of the half-courses offered in a given subject, but no student will be allowed to devote his whole year to one subject without the consent of the head of the department concerned. Special arrangements will be made for students desirous of paying exclusive attention to other subjects than those listed, for example, pharmacology and comparative pathology.

When a student's research work in an elective is necessarily prolonged beyond the time elected for that subject, he will be allowed, with the permission of the Board of Administration, to make such changes in his electives as will enable him to finish his research work, provided the time required does not extend beyond the school year.

The final choice of electives must be left at the Dean's office on or before the day of registration.

The Faculty reserves the right to modify the selection of the courses chosen by any student.

The nature of the examinations shall be determined by each department subject to the approval of the Faculty. The student's credit may be based on his daily written record of work, and on a practical or written examination at the end of his course, or upon all combined. The mark assigned must be sent immediately to the Dean's office.

FOURTH-YEAR ELECTIVES ARRANGED UNDER DEPARTMENTS

Anatomy. — Half-courses, afternoons, throughout year.

Anatomy I October–November; December–January;
February–March.

Anatomy II April–May.

Histology and Embryology. — Half-courses, afternoons, second half-year.

Embryology I February–March.

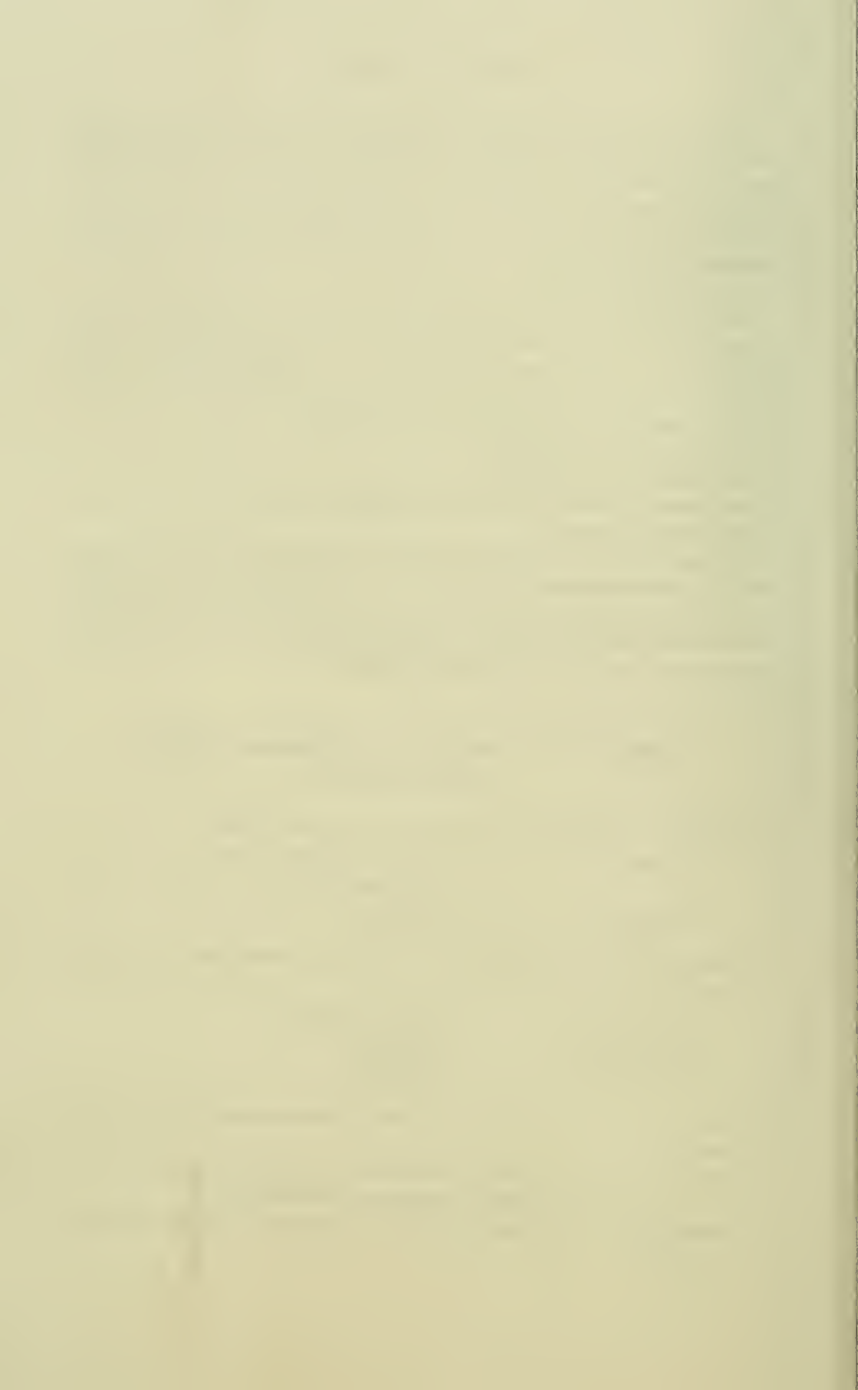
Embryology II April–May.

Histology April–May.

Physiology. — Half-courses, forenoons, afternoons, or all day throughout year.

Physiological and Pathological Chemistry. — Half-courses, forenoons throughout year; all day or afternoons, first half-year.

Bacteriology. — Half-courses, forenoons, afternoons, or all day, second half-year.



Pathology. — (1) Pathology. Half-courses, forenoons or all day, second half-year.

(2) Neuropathology. Half-courses, afternoons, first half-year.

Comparative Pathology. — No courses offered.

Pharmacology. — No courses offered.

Medicine. — (1) Clinical Medicine. Half-courses, all day, throughout year.

(2) Theory and Practice. Half-courses, all day, November to May inclusive.

Pediatrics. — Half-courses, all day, throughout year.

Clinical Surgical Pathology. — Half-courses, forenoons, throughout year.

Surgery. — (1) Surgery. Half-courses, all day, throughout year.

(2) Genito-Urinary Surgery. Half-courses, forenoons, throughout year.

(3) Orthopedics. Half-courses, afternoons, throughout year.

(4) Surgical Pathology. Half-courses, afternoons, throughout year.

Obstetrics and Gynaecology: —

(1) Obstetrics. Half-courses, all day, throughout year.

(2) Gynaecology. “ forenoons, “ “

Dermatology and Syphilis. “ “ “ “

Neurology and Psychiatry. “ “ “ “

Ophthalmology. “ “ second half-year.

Otology. “ “ throughout year.

Laryngology. “ “ first half-year.

Hygiene. “ “ afternoons, or all day, throughout year.



DIAGRAMS OF FOURTH-YEAR ELECTIVES

Half-courses. — All-day Plan.

	OCT.	NOV.	DEC.	JAN.		FEB.	MAR.	APR.	MAY.
A. M. 9-1									
P. M. 2-6									

Physiology.
Chemistry.*
Bacteriology.**

Pathology.**
Medicine.
Pediatrics.

Surgery.
Obstetrics.
Hygiene.

Half-courses. — Half-day Plan.

	OCT.	NOV.	DEC.	JAN.		FEB.	MAR.	APR.	MAY.
A. M. 9-1									
P. M. 2-6									

Forenoons.

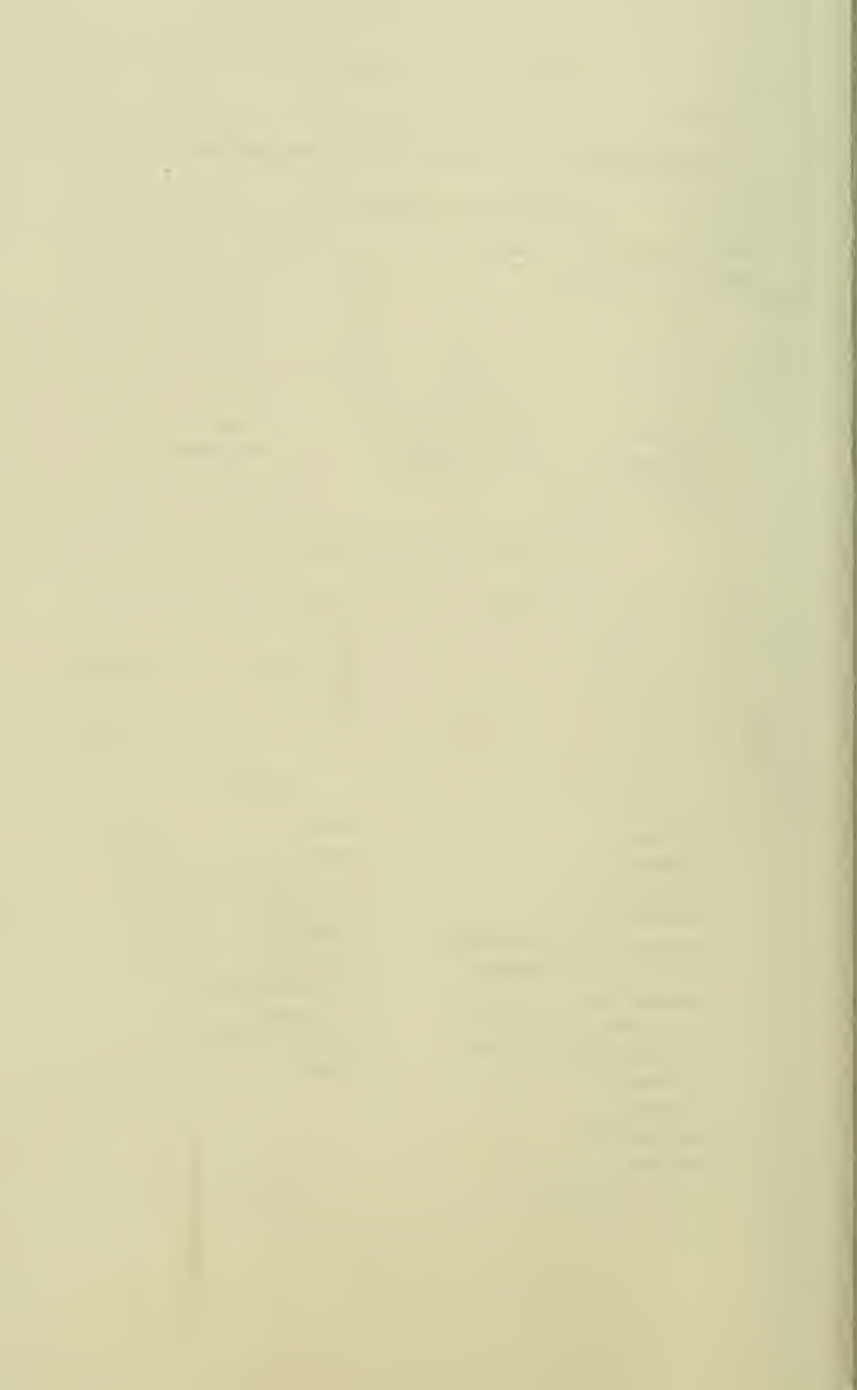
Physiology.
Chemistry.
Bacteriology.**
Pathology.**
Clinical Surgical Pathology.
Genito-Urinary Surgery.
Gynaecology.
Dermatology and Syphilis.
Neurology and Psychiatry.
Ophthalmology.**
Otology.
Laryngology.*
Hygiene.

* = first half-year.

Afternoons.

Anatomy.
Histology.**
Embryology.**
Physiology.
Chemistry.*
Bacteriology.**
Neuropathology.*
Orthopedics.
Surgical Pathology.
Hygiene.

** = second half-year.



Group of Courses Recommended for the General Practitioner.

	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.	MAY.
A.M. 9-1	Medicine	Medicine	Medicine	Pediatrics	Surgery	Obstetrics	1	
P.M. 2-6							2	

Medicine	3 half-courses.
Pediatrics	1 " "
Surgery	1 " "
Obstetrics	1 " "
(1) Neurology and psychiatry, dermatology, or gynecology	1 " "
(2) Anatomy, histology, embryology, physi- ology, chemistry, bacteriology, neuro- pathology, orthopedics, or hygiene	1 " "

Group of Courses Recommended to Men interested in Surgery.

	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.	MAY.
A.M. 9-1	Medicine	Medicine	Surgery	Surgery	G. U. Surgery		1	
P.M. 2-6					Anatomy		2	

Medicine	2 half-courses.
Surgery	2 " "
Genito-urinary surgery	1 " "
Anatomy	1 " "
(1) Gynecology or clinical surgical pathology	1 " "
(2) Orthopedics or surgical pathology	1 " "



GENERAL PLAN OF INSTRUCTION

ANATOMY. Half-courses, afternoons, throughout year.

(1) *Anatomy I.* October and November; December and January; February and March.

This is a dissecting course in which the three parts of the body are to be dissected. It will be under the direction of the demonstrator. Each student will be quizzed once a week and there will be a certain amount of supervision by the assistants.

N. B. — No one can take this course who has not passed his first-year anatomy.

(2) *Anatomy II.* April and May.

This is *not* to be considered a course for professional anatomists, but one suited to the practitioner. It will consist of topographical anatomy, the study of frozen sections, and of special parts of anatomy; in the selection of the latter every effort will be made to meet the wishes of those taking the course. For instance, some can give particular attention to the joints, others to the circulation, etc. Though there will be no systematic dissection the cadaver will be used for study and for special dissections. This elective will be under the immediate supervision of the professor of anatomy.

HISTOLOGY AND EMBRYOLOGY. Half-courses, afternoons, second half-year.

(1) *Embryology I.* February and March. Elementary laboratory course, especially correlated with anatomy and pathology.

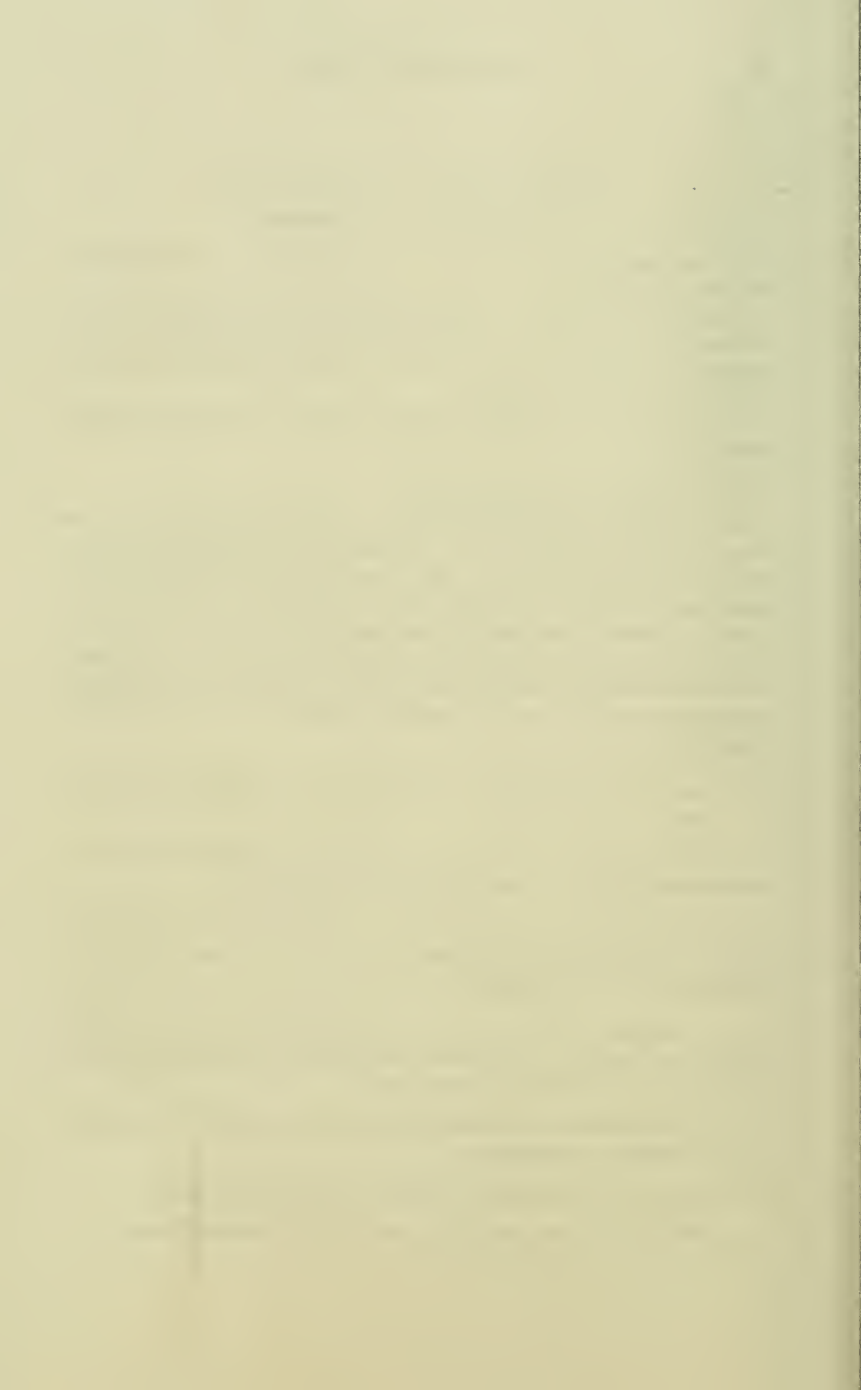
(2) *Embryology II.* April and May. Proresearch work. Each student will be given a special piece of work to verify and extend some important recent investigation.

(3) *Histology.* April and May. General laboratory course offering training in methods. Each student must select in advance one of the three following forms of this course:—

(a) General Histology, intended specially as preparation for advanced work in anatomy and pathology.

(b) General structure and development of the nervous system.

(c) General structure and development of the urogenital system.



PHYSIOLOGY. Half-courses, forenoons, afternoons, or all day, throughout year.

Students may elect work in any field of physiology. It is to be presumed that such students desire additional work in physiology to fit them for some special field of medicine, for example, the diseases of the nervous system; or they may wish to pursue physiology, pathology, or some other biological science as a profession. They will be received into the research laboratories of the department, and will carry on their studies side by side with the members of the staff. The work will consist of fundamental experiments, the study of accessory data, and the reading of selected original investigations. The student will be guided by personal conference with the professor in charge, and, if desirable, by informal lectures.

PHYSIOLOGICAL AND PATHOLOGICAL CHEMISTRY. Half-courses, forenoons, throughout year; all day or afternoons, first half-year.

A student may elect work along the general lines of the first-year course, or he may undertake research work on some special subject provided he is sufficiently trained in inorganic and organic chemistry.

Opportunity will also be afforded men interested in toxicology and medico-legal chemistry to pursue work in these fields.

BACTERIOLOGY. Half-courses, forenoons, afternoons, or all day, second half-year.

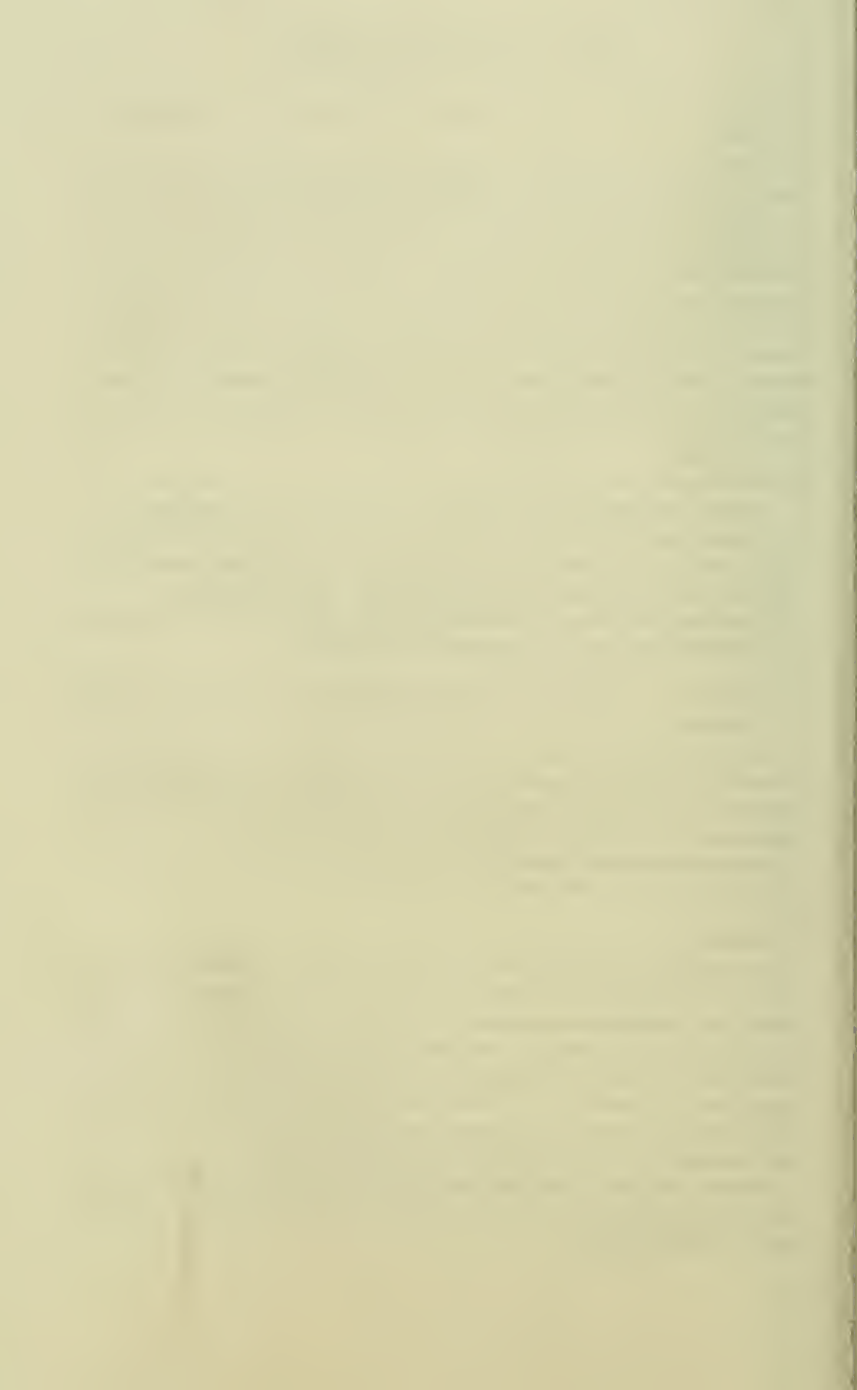
One month electives will be of two kinds, including: *A*, Instruction in methods of diagnosis depending upon bacteriological procedures; and *B*, Instruction in methods of bacteriological diagnosis in use in Health Board laboratories, including the examination of waters and soils.

Longer courses may include one or the other of these, together with a limited piece of research work.

PATHOLOGY.

(1) *Pathology.* Half-courses, forenoons or all day, second half-year. The work for students electing but one month will in general consist of training in postmortem technique and in the description of the various anatomical lesions found at the autopsies, supplemented with practice in bacteriology and surgical pathology afforded by a hospital laboratory. In addition each student will be required to study carefully at least one of the cases which come to autopsy and write a report of it embodying the clinical history and the literature bearing on the case.

Students who elect more than one month in pathology will be required to study thoroughly and report several cases and also undertake a limited piece of research work.



(2) *Neuropathology*. Half-courses, afternoons, first half-year. Each student will (a) be trained in the chief methods of neuropathological technique, and (b) receive the tissues and protocol of a case, upon which he will return a report and summary, involving library work. There will be a few lectures on the general subject. Competent students may undertake experimental problems.

HYGIENE. Half-courses, forenoons, afternoons, or all day, throughout year.

The instruction will be suited to the qualifications of the individual student. It will consist in part of laboratory instruction and in part of special research. The regular course of laboratory instruction will comprise the analysis of air, soils, water and foods, and the investigation of disinfectants, etc.

MEDICINE. — I. *Clinical Medicine*. Half-courses, all day, throughout year.

The morning will be devoted to clinical work in various out-patient departments and hospital wards, the afternoon to lectures on special subjects. There will be required also a report of a single case which shall serve as the subject of a clinical conference, and a thesis containing original work of some character, the length of which will vary according to the number of half-courses elected. Eight such courses are offered, and the student may elect as many as he chooses.

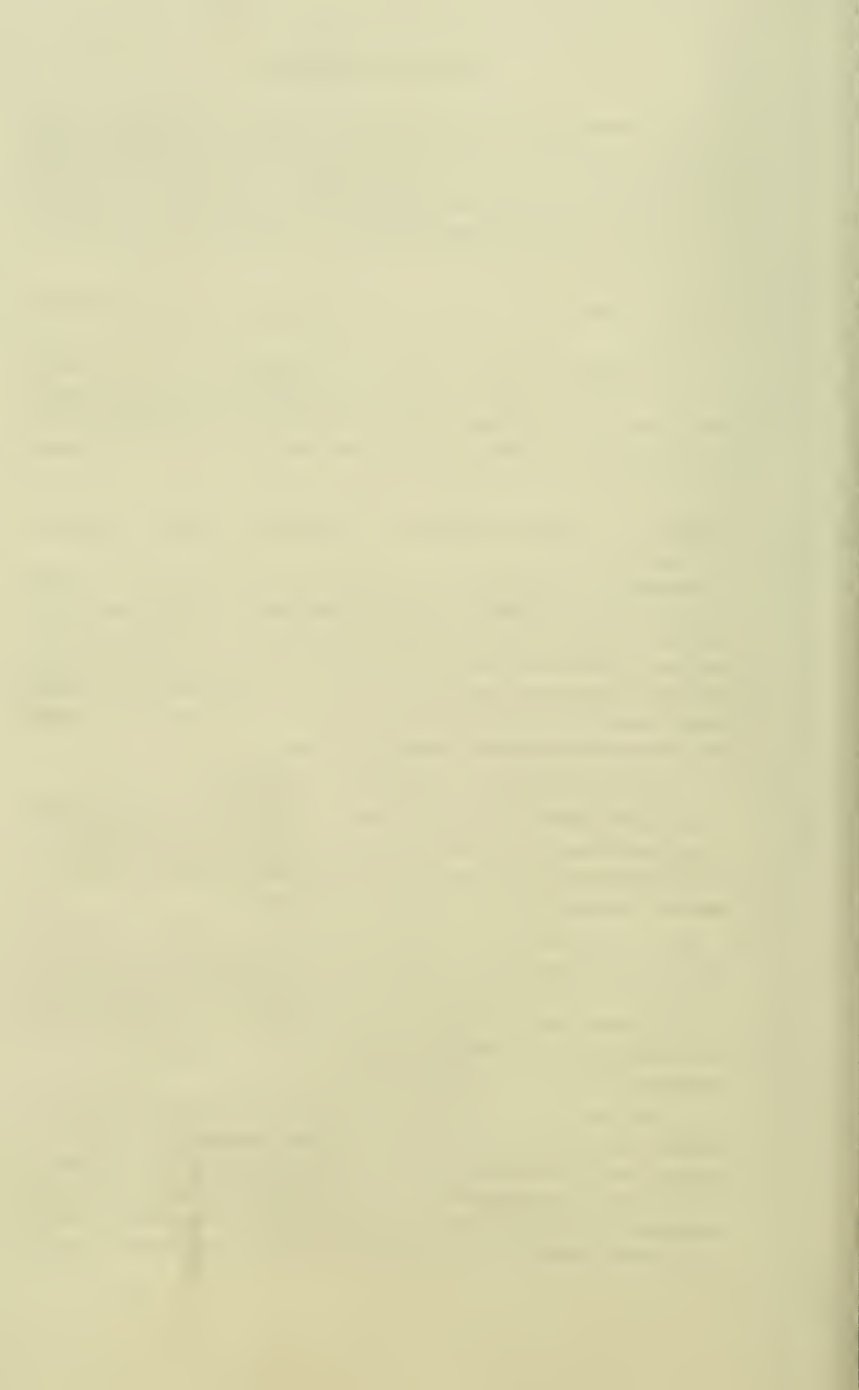
(1) *Clinical Instruction*. This will be of two kinds :—

(a) Work as assistant in the out-patient department or hospital wards.

(b) Attendance on special courses of advanced clinical medicine to be given simultaneously at each hospital, three days a week, between nine and ten, by instructors or assistants in medicine.

(2) *Didactic Teaching*. This will be given in the afternoon on special topics in medicine. These lectures will supplement to a considerable extent the specialized work given in the mornings between nine and ten. Other exercises will be devoted to case teaching, to demonstrations in gross pathology, given jointly by members of the pathological and medical departments, and to practical therapeutics.

(3) *Original Thesis*. Each student shall present before graduation an original thesis which will embody clinical, laboratory, statistical, or literary work. The subject of the thesis shall be approved, and the work done under the supervision of some member of the medical department selected by the student. The thesis shall be presented at a meeting of the class presided over by one of the younger members of the depart-



ment selected by the professors. The member of the department under whose supervision the thesis of the afternoon has been prepared shall also be present.

(4) *Clinical Conference.* Each student will report and discuss one case at a meeting of the class, as heretofore.

II. *Theory and Practice.* The elective in medicine offered by the Department of Theory and Practice consists of half-courses involving attendance at the Massachusetts General Hospital throughout the day for one month from November to May inclusive. It will be limited to classes of four students but may be repeated when possible.

PEDIATRICS. Half-courses, all day, throughout year.

The work will consist of clinical instruction of cases in the wards and out-patient departments of the Infants' Hospital, Children's Hospital and the Contagious wards of the South Department. Students will be assigned to the various wards and out-patient departments by the Professor of Pediatrics and will work under his supervision, and in so far as is practicable the work will be assigned in reference to their individual needs and wishes. The students may also attend the clinical lectures given by Dr. Rotch in the third year. The direction of the clinical work will be carried out by the other members of the department. The work in detail cannot be described until the number of students electing Pediatrics is known.

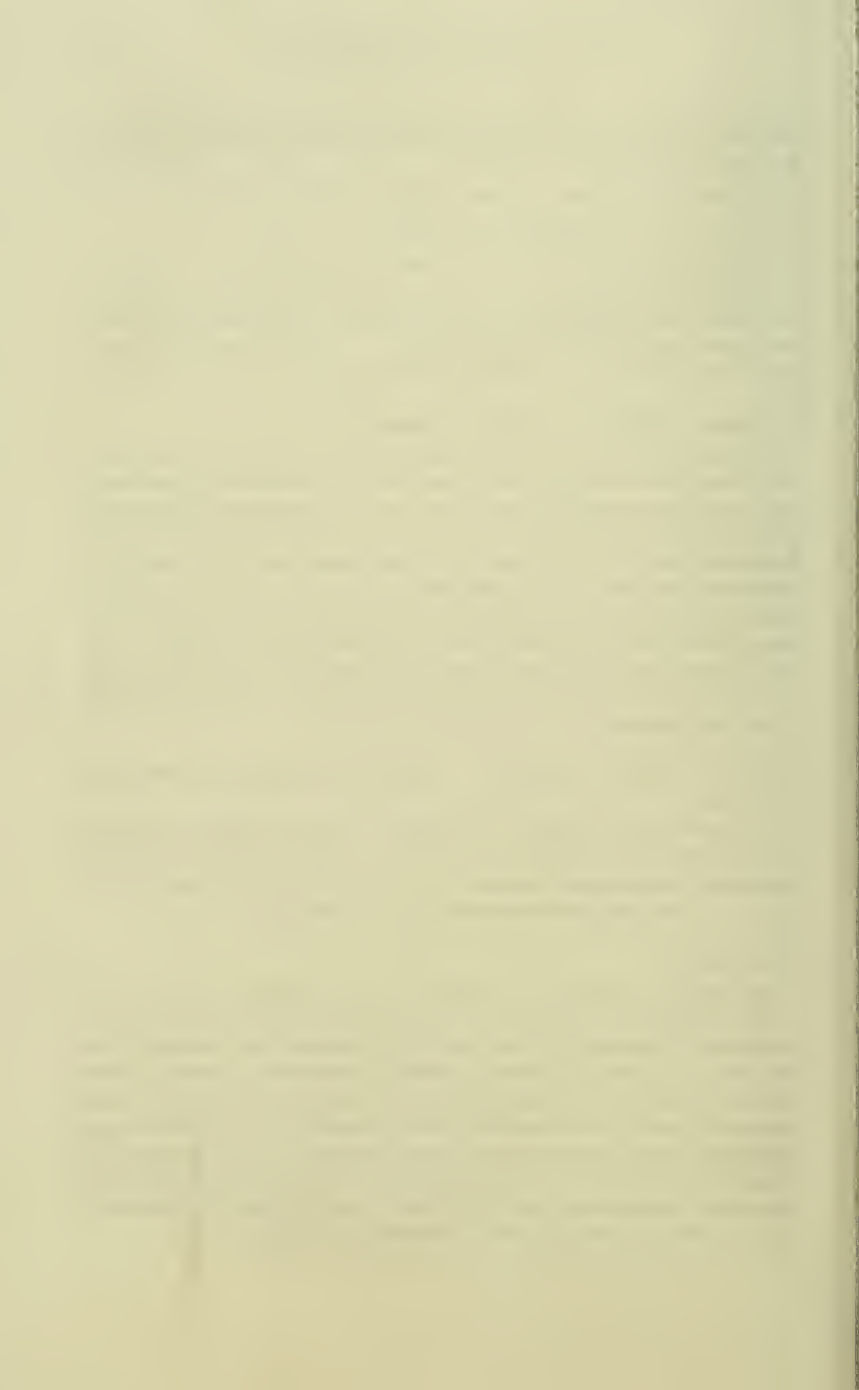
CLINICAL SURGICAL PATHOLOGY. Half-courses, forenoons, throughout year.

The course will consist of a study of clinical cases with especial reference to the pathology of the lesions present and the use of the microscope in immediate diagnosis. The work will be supplemented with conferences and demonstrations in the Warren Museum.

SURGERY:—

(1) *Surgery.* Half-courses, all day, throughout year.

The instruction will consist of ward work, the examination of cases, the recording of histories, the establishing of diagnoses, the etherization of patients, the dressing of injuries, wounds, and fractures, the close observation of operations, seeing the progress of a surgical patient, and the end results of cases. The out-patient work will consist of the establishing of diagnoses, the treatment of cases under direction, and the recording of histories. This work will be carried out at the hospitals, in the wards and out-patient departments, and will occupy a part of each day, and will be from time to time directed and supervised by instructors.



The afternoons will be devoted to library, museum, and literary work, surgical pathology, case teaching, regional surgery, and operative surgery. Seminars and conferences will be held as occasion requires. The student will be required to account for his daily work.

Any student who wishes information or advice regarding his course in surgery in the fourth year may apply to Dr. H. L. Burrell, 22 Newbury St., on any day except Saturday or Sunday, between 2 and 3 P.M.

(2) *Genito-Urinary Surgery.* Half-courses, forenoons, throughout year.

The instruction will consist of ward and out-patient work, the taking of histories, the witnessing of and assisting at operations, the reporting of the progress of cases, and seeing the end results. Conferences with the student will be held from time to time.

(3) *Orthopedic Surgery.* Half-courses, afternoons, throughout year.

The instruction will consist of ward and out-patient work, the taking of histories, the witnessing of and assisting at operations, the reporting of the progress of cases, and seeing the end results. Conferences with the student will be held from time to time.

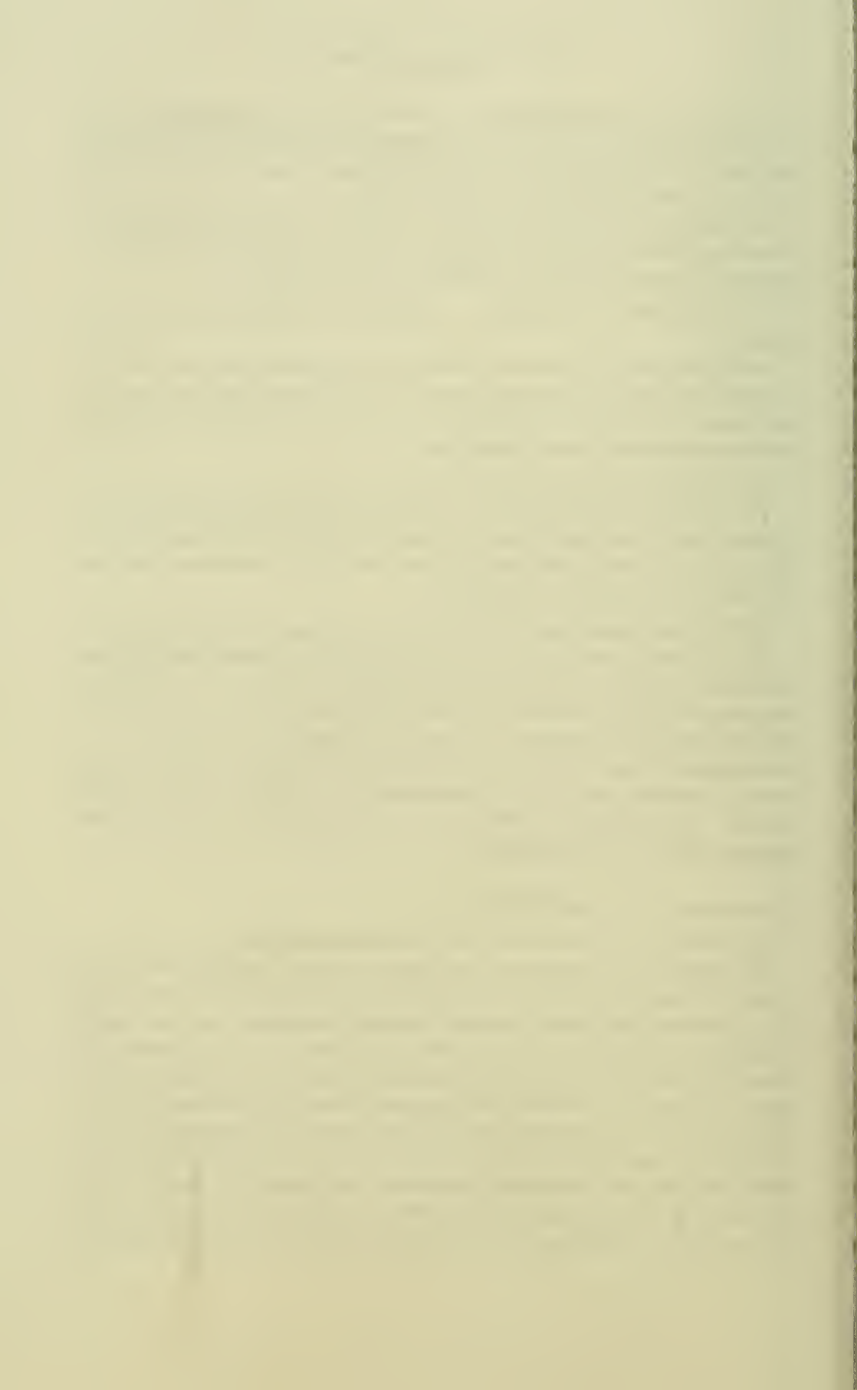
(4) *Surgical Pathology.* Half-courses, afternoons, throughout year.

Students will be received in the surgical laboratory for the investigation of special subjects in the pathology of surgical diseases. The choice of subjects to be investigated may be made by the students, or the director of the laboratory will suggest the lines of investigation to be pursued. A considerable amount of fresh pathological material from surgical operations is received, and will be demonstrated to students who elect the course. The amount of material is sufficiently large to provide for numerous lines of investigation.

OBSTETRICS AND GYNAECOLOGY:—

(1) *Obstetrics.* Half-courses, all day, throughout year.

The course will be given at the Boston Lying-in Hospital and at the Medical School. During the first half of the course the student will lodge at the Hospital, and devote his time chiefly to attendance on cases in the out-patient clinic; he will also be called upon to assist at operations, and, when his other duties permit, to make ward visits with the physician on duty. In the second half of the course he will conduct the convalescence of the cases delivered by him during his resident service, write full reports of his cases, and make daily ward visits, receiving clinical instruction on house patients, and witnessing operations. In his clinical work he will have the supervision and instruction of the Department and of the Hospital Staff on duty. In the second half of his course he will also be given, at



Medical School, a course of demonstrations in operative obstetrics, and each student will practise the various operations on the manikin.

(2) *Gynaecology*. Half-courses, forenoons, throughout year.

The course will be given in the wards and out-patient department of the Gynaecological Service at the Boston City Hospital, which affords ample material for a comprehensive study of gynaecology, from the simpler cases requiring only minor local treatment or the various plastic operations, to the major cases treated by capital operation. Students will be given opportunity to educate the touch, and will be instructed in diagnosis and in the methods of minor treatment. The various operations, major and minor, will be demonstrated, and opportunity given to study convalescence and post-operative treatment. Students will also be expected to identify, and report on, pathological specimens removed by operation.

Cases will be assigned for history-taking, examination, diagnosis, with reference to operation and subsequent treatment. Reports of such cases will be presented at clinical conferences, for discussion by the instructors and the class. As far as possible students will be expected to assist in clinical work.

DERMATOLOGY AND SYPHILIS. Half-courses, forenoons, throughout year.

Instruction in clinical dermatology will be given at the Massachusetts General Hospital, both in the out-patient department and in the ward for skin diseases. Instruction will also be given in the histology and pathology of the skin, with training in the preparation of microscopical preparations and in histological technique.

NEUROLOGY AND PSYCHIATRY. Half-courses, forenoons, throughout year.

The instruction will be as follows:—

(1) Recording histories and making examinations of patients presenting themselves at the out-patient department of the Massachusetts General and Boston City Hospitals.

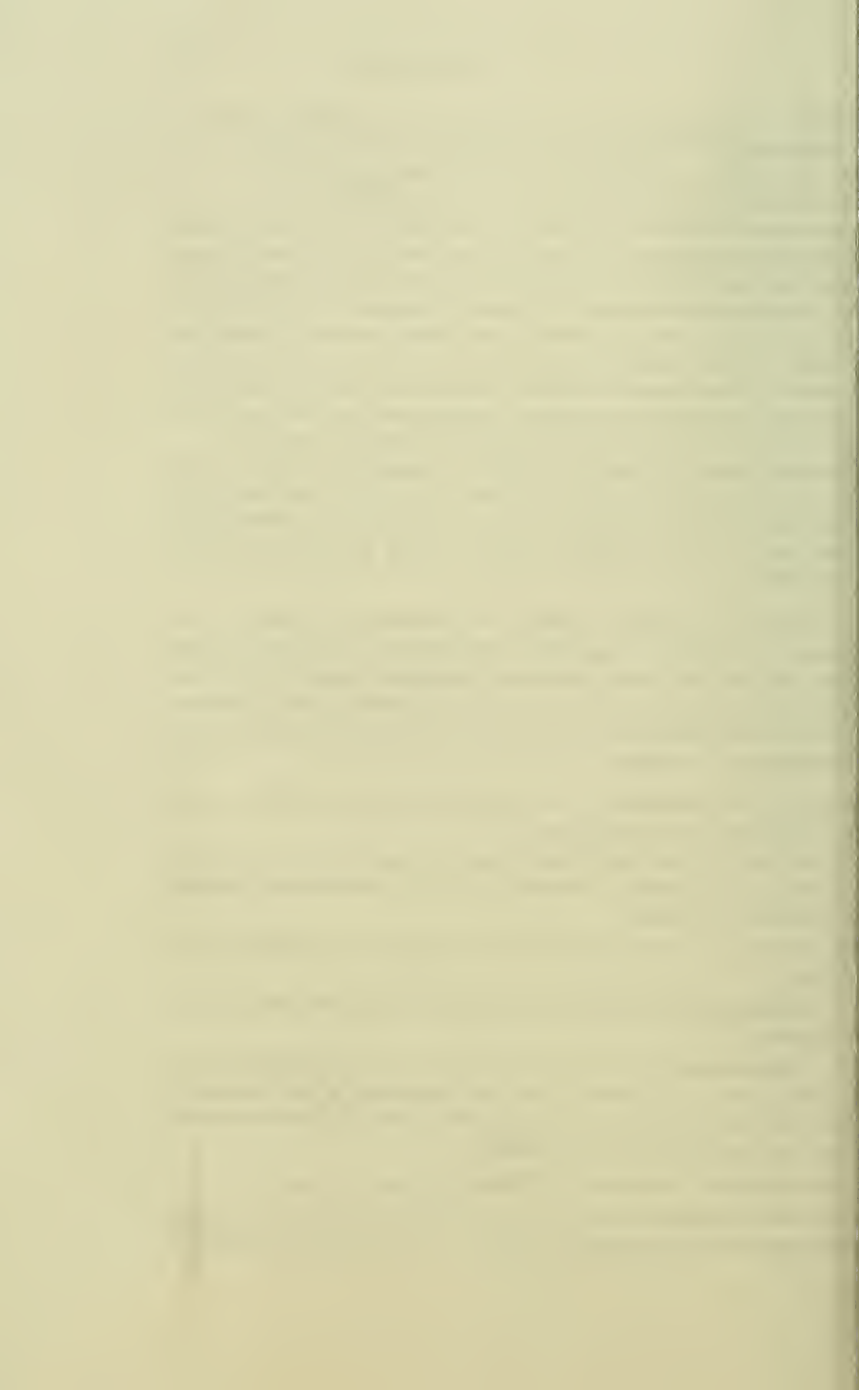
(2) Assisting in the treatment of such patients by electricity and otherwise.

(3) Reading specified articles with reference to subjects coming up for investigation.

(4) Making original investigations with regard to certain clinical points. For this purpose the patients presenting themselves at the out-patient department can be studied, and, to a limited degree, the patients in the medical and surgical wards of the hospital.

OPHTHALMOLOGY. Half-courses, forenoons, second half-year.

The work will consist of personal instruction in the use of the ophthalmoscope and other instruments of precision. An opportunity will be given



to work in the out-patient department of the Massachusetts Charitable Eye and Ear Infirmary and to observe and study cases in the wards. In addition there will be instruction in ophthalmic operations with opportunity to witness their exemplification in the operative work of the hospital.

OTOLOGY. Half-courses, forenoons, throughout year.

For men who elect but one half-course, the work will consist chiefly of clinical training and instruction, hearing tests, and objective examinations and manipulations in the out-patient, house, and operating services of the Massachusetts Charitable Eye and Ear Infirmary.

For men especially interested in Otology, who wish to devote all their time to the subject, a thorough course of instruction has been planned embracing the anatomy, physiology, and pathology of the ear, nose, and nasopharynx in addition to thorough clinical instruction.

LARYNGOLOGY. Half-courses, forenoons, first half-year.

The course is held on alternate days at the Boston City and Massachusetts General Hospitals. Systematic clinical instruction is provided from the abundant material of the out-patient departments, supplemented by demonstrations with the aid of diagrams and anatomical preparations. There are also practical exercises in the use of instruments and apparatus.

EXAMINATIONS.

The final examination in every required subject is held at the close either of the first or of the second half of the school year. The examination, therefore, in every subject occurs once a year, but an opportunity to make up failures in examinations is offered at the opening of the school year. The *Mid-Year* and *June examinations* are only for those who are members of the School at the time, and for those entitled to apply for the degree. The *September examination* is only for those who have been examined previously and have failed in the subject of the examination, or for applicants for advanced standing. In some subjects a portion of the examination consists of practical work in the laboratory.

The exercises of the third year are omitted during the mid-year examinations.

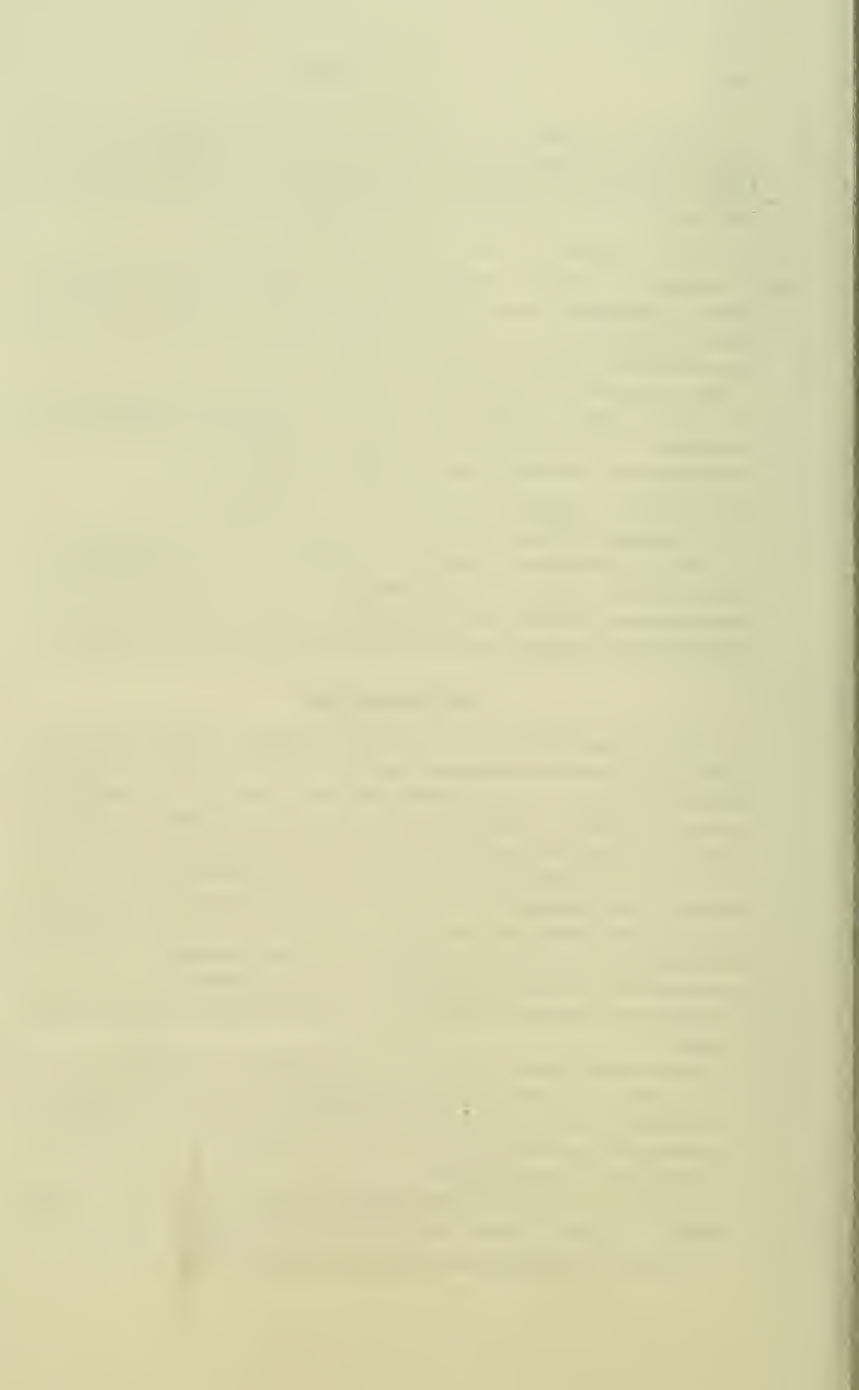
The amount of time credited to each examination is as follows:—

First year.—Anatomy * (3 hrs.), Histology and Embryology * (3 hrs.), Physiology (3 hrs.), Physiological and Pathological Chemistry (3 hrs.).

Second year.—Bacteriology * (1 hr.), Pathology * (2 hrs. written, 1 hr. practical), Hygiene (1 hr.).

Third year.—Materia Medica and Therapeutics * (2 hrs.), Theory and Practice * (3 hrs.), Clinical Medicine (3 hrs.), Pediatrics (2 hrs.), Sur-

* The examinations in these subjects are held at the end of the first half-year.



gery * (2 hrs. written, 1 hr. practical), Clinical Surgery (1 hr. written, 1 hr. practical), Obstetrics (3 hrs.), Gynaecology (1 hr.), Dermatology (1 hr.), Syphilis (1 hr.), Neurology (1 hr.), Psychiatry (1 hr.), Ophthalmology * (1 hr.), Otology (1 hr.), Laryngology (1 hr.).

In addition to the above examinations every student is required:—

To dissect the three parts of the body to the satisfaction of the demonstrator;

To present a satisfactory report of the analysis of a specimen of urine, and of the clinical examination of a specimen of blood;

To receive practical instruction in anesthesia;

To present a certificate that he has satisfactorily served as a surgical dresser in the surgical out-patient department of the Massachusetts General Hospital or Boston City Hospital for at least one month after taking the course in surgical technic in the second half of the second year;

To take charge of and report on six cases in Obstetrics, and to receive instruction on at least one of them;

To furnish satisfactory evidence of having engaged in the practical exercises in Theory and Practice.

No student is allowed to anticipate the examinations in the regular course of studies of his year, except by special permission of the Faculty.

After two failures to pass in any subject, a student must give notice twenty-four hours in advance, at the Dean's office, of his intention to take each subsequent examination in that subject, and pay a charge of three dollars.

DEGREES.

DEGREE OF DOCTOR OF MEDICINE.

Every candidate for the degree of Doctor of Medicine at this University must be at least twenty-one years of age, and of good moral character. He must fulfil all the requirements for admission to this Medical School; must give evidence of having studied in a recognized Medical School at least four full years, of which one year must be spent at this School; must pass all required examinations, and fulfil satisfactorily the special requirements enumerated above.

The degree of Doctor of Medicine will be given to those candidates who fulfil the above requirements. The degree of Doctor of Medicine *cum laude* will be given to candidates who have obtained an average of eighty per cent., or over, in all the required examinations.

Candidates for the degree must make application for it in writing, on blanks furnished at the Dean's office, on or before May 1 of the year in which they intend to graduate.



Candidates for the degree of Doctor of Medicine are not required to present a thesis; but they may present a voluntary thesis which, if of conspicuous merit, may receive honorable mention; if the thesis is also of a suitable character, it may be read at the Commencement exercises. Theses must be completed and delivered to the Dean on or before the first day of June.

A graduate of another medical school of recognized standing may obtain the degree of Doctor of Medicine at this University by fulfilling all the requirements for undergraduates above mentioned; but he may take the examination in any subject only at the times when regularly it is held, that is, in September, at the mid-year, or in June.

DEGREE OF MASTER OF ARTS.

The degree of MASTER OF ARTS is open to graduates of the Harvard Medical School who are also Bachelors of Arts of Harvard College, and to Bachelors of Arts of other Colleges who shall be recommended by the Faculty of Arts and Sciences of Harvard College. Candidates must pursue an approved course of study in Medicine for at least one year after taking the degree of Doctor of Medicine. Applications for approval of the course of study offered for this degree must be made to the Administrative Board of the Graduate School of Arts and Sciences on or before the *thirtieth day of April*. It is advisable to apply to the Board *early in the year*.

FEES AND EXPENSES.

The fees are:—For matriculation, *five dollars*; for instruction, for the first three years, *two hundred dollars* for each year (if in two payments, at the first, one hundred and twenty dollars; at the second, eighty dollars); for a half-year alone, *one hundred and twenty dollars*; for the full year, to all students entitled to be classified as fourth-year students and who have been regular members of the School for three full years, *one hundred dollars* (if in two payments, at the first, sixty dollars; at the second, forty dollars); for graduation, *thirty dollars*.* During the first year there are the following additional expenses: two dollars for each of the three parts required for dissection; two dollars for laboratory materials in Histology; three dollars for physiological material; and a maximum of ten dollars a year for chemical material, in addition to the charge for breakage of glass apparatus. Students are required to deposit with the Bursar† six dollars to cover Anatomy charges, two dollars for Histology, and twenty dollars for Chemistry and Physiology. The balances of these deposits are returnable at the end of the year. In

* Students entering the School after the academic year 1902-03 shall pay a fee of \$200 for the fourth year and be exempt from a graduation fee.

† The Bursar's office is in Dane Hall, Harvard Sq., Cambridge. Hours 9-1.

the fourth year a charge of three dollars is made for material used in the course in Operative Surgery. A deposit of two dollars with the Dean will entitle a student to the use of a locker in the School building. A student who wishes to rent a microscope of the School can do so upon payment of three to six dollars a half-year.

Not later than October 10 in each academic year, any student may pay to the Bursar the sum of four dollars for the maintenance of the Stillman Infirmary; and, on the order of a physician, every student who has taken advantage of this opportunity will be given, in case of sickness, in return for the fee, a bed in a ward, board, and ordinary nursing for a period not exceeding two weeks in any one academic year.

Payment of Fees.

Each first-year student is required to pay to the Bursar punctually at the beginning of the academic year, without the presentation of a bill, the sum of *one hundred and fifty-three dollars*; each student entitled to be classified as a *fourth-year student*, who has been a regular member of the School for three full years, is required to pay to the Bursar, in like manner, the sum of *sixty dollars* — or *sixty-three dollars*, if he takes the course in Operative Surgery; and *all other students* are required to pay, in the same manner, the sum of *one hundred and twenty dollars*. The remainder of the tuition fee — *forty dollars* for each student entitled to be classified as a fourth-year student who paid *sixty dollars* for the first half-year, and *eighty dollars* each for all other students, — must be paid to the Bursar on or before January 31. The graduation fee must be paid at least one day before Commencement, or, in the case of those who take the degree in the middle of the year, at least one day before the day upon which the Corporation is to meet for the purpose of voting the degrees. No degree can be conferred until all dues to the University have been discharged. Each student whose dues remain unpaid on the day fixed for their payment is required at once to cease attending lectures and using laboratories or making use of any other privileges as a student until his financial relations with the University have been arranged satisfactorily to the Bursar. Failure to comply with this rule is deemed cause for final separation from the University.

Every student is required to file with the Bursar on his entrance to the School a bond of *fifty dollars*, executed by two sufficient bondsmen (one of whom must be a citizen of the United States), or to deposit fifty dollars in money, to cover the loss or injury of any property belonging to the University, or for which it is responsible. Blank forms of bonds may be obtained from the Secretary of the Faculty or from the Bursar. No officer or student of the University is accepted as a bondsman. Students



will be held responsible for the payment of fees until they have notified the Dean, in writing, of their intention to withdraw from the School.

Whenever a student is obliged to withdraw from the School before the last four weeks of a half-year for no misdemeanor, but for good and sufficient reason, to be determined in all cases by the Administrative Board, it shall be recommended that he be entitled to a remission of three-fourths of the amount due for that portion of the time during which he receives no instruction. This remission will date from the reception by the Dean of a written notice of the student's withdrawal from the School. No degree will be conferred till all dues to the School are discharged.

The student's general expenses may be reduced, in accordance with his means, to the standard which prevails in other cities. A list of boarding places at various prices can be obtained at the rooms of the Young Men's Christian Association, corner of Berkeley and Boylston Streets, and the rooms of the Young Men's Christian Union, No. 48 Boylston Street, Boston.

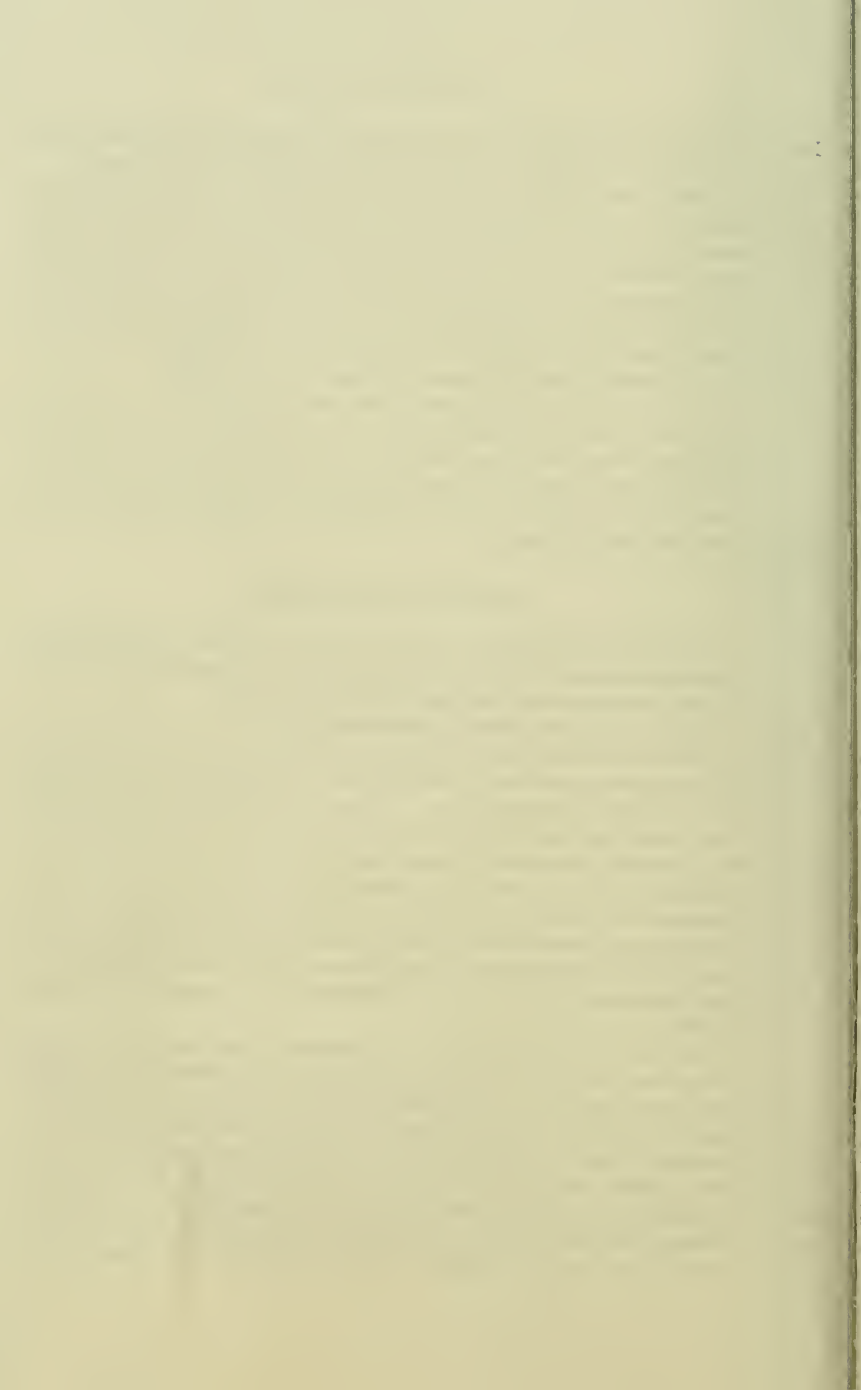
CLINICAL ADVANTAGES.

The Medical Department of the University is established in Boston, in order to secure for Anatomy, Pathology, and the various Clinical Subjects those advantages which are found only in large cities.

There are Hospital visits or operations daily.

The Massachusetts General Hospital. — During the past year, more than five thousand patients were treated in the wards, and over thirty thousand in the out-patient departments. Patients are received from all parts of the United States and the Provinces, and are visited by the students, with the attending physicians and surgeons, on four days in the week. Operations are numerous, and are performed in the amphitheatre, which is provided with seats for 400 persons. Clinics in the following special branches have been established in connection with the out-patient department: Dermatology, Laryngology, Diseases of the Nervous System, and Ophthalmology. The Dalton scholarship of \$500 is open to the house pupils.

The Boston City Hospital. — During the past year, about nine thousand cases were treated in its wards, and twenty-two thousand in its various out-patient departments. The medical wards always contain many cases of acute diseases, and changes are taking place constantly. The opportunities for seeing fractures, injuries, and traumatic cases of all kinds are excellent, since, on an average, eight hundred street accidents are treated yearly. Surgical operations are performed in the amphitheatre. There are special services for diseases of women, of the eye, the ear, the skin, and the nose and throat. Diseases of women and of the nervous



system are also largely treated in the out-patient department. Clinical instruction is given by the physicians and surgeons two or more times a week.

In these two hospitals the facilities for witnessing Operative Surgery are unsurpassed. Twice a week operations are performed in the presence of the class. The number of these operations is large, reaching nearly two thousand a year. The variety is great, embracing every surgical disease and injury, including the surgical operations on the eye and ear.

The Boston Lying-in Hospital.—More than six hundred patients were confined during the last year in the Hospital. In the out-patient department over sixteen hundred cases were attended by the hospital Externes, who are appointed from the third and fourth year students. Clinical instruction is given in these cases by the physicians to out-patients and by the house physicians.

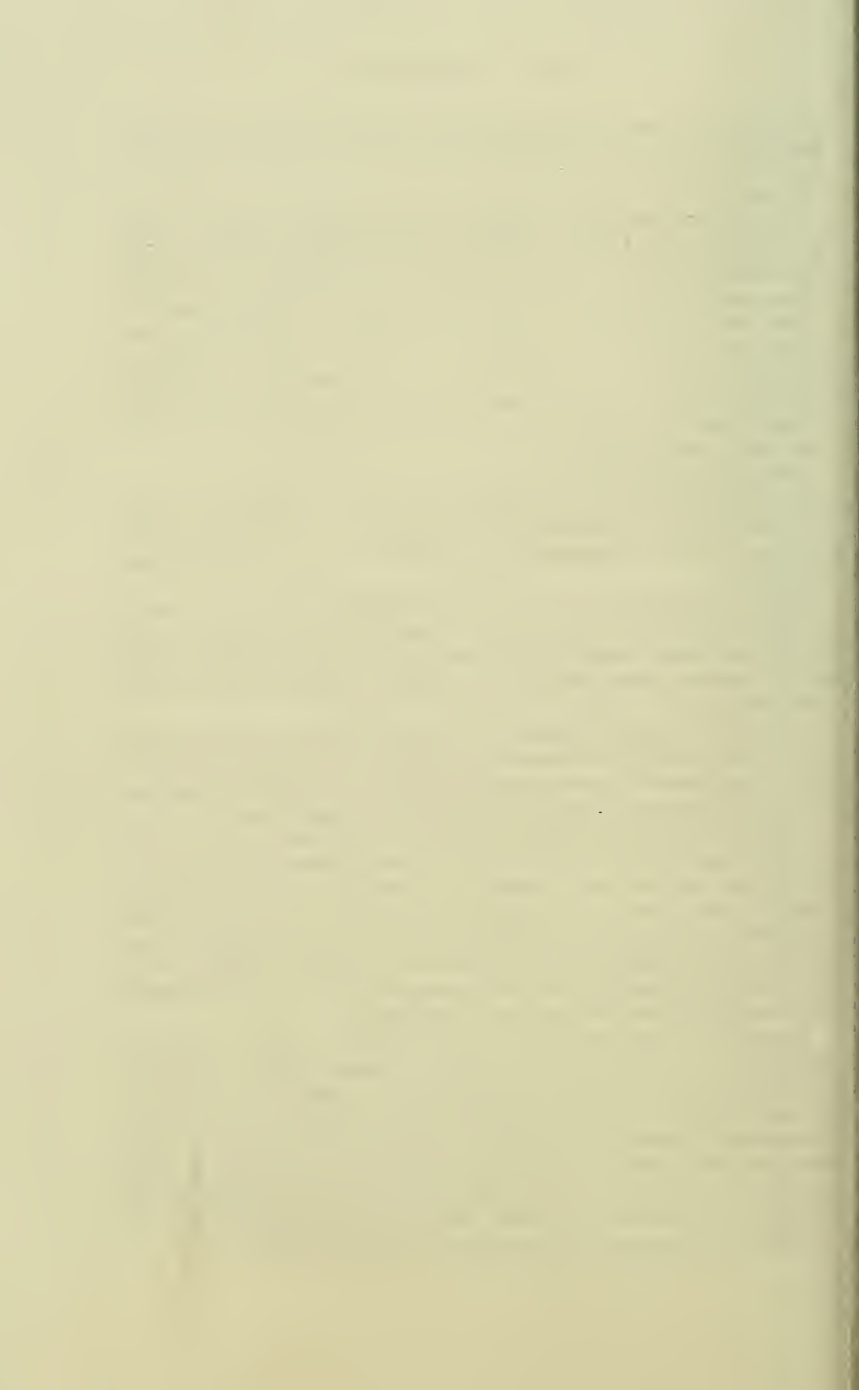
The Boston Dispensary.—More than forty thousand patients were treated at this public charity during the past year. Students have ample and excellent opportunity for seeing practical work in the diagnosis and treatment of cases illustrating the various branches of Medicine and Surgery.

The Infants' Hospital.—The wards of the Hospital are devoted entirely to children under two years of age. About three thousand children of all ages are treated annually in the out-patient department. The material of the Hospital is used throughout the year for teaching both students and graduates.

Children's Hospital.—During the past year more than seven hundred cases were treated in the wards and about seventy-six hundred in the out-patient departments. Instruction in orthopedic surgery and in the general diseases of children is given by members of the hospital staff.

The Massachusetts Charitable Eye and Ear Infirmary.—Over thirty thousand patients were treated at this institution during the past year. These cases present every variety of disease of the ear and eye, and supply a large number of operations. A new and enlarged hospital, considered to be one of the best of its kind in the world, has been erected on land adjoining the Massachusetts General Hospital. It is believed that this building will provide adequately for the proper treatment of the constantly increasing number of patients.

Long Island Hospital, Boston Harbor.—This Hospital is designed particularly for the treatment of chronic diseases. It has two hundred and fifty beds, with an average daily number of patients of about two hundred and thirty. It has marked advantages for the study of syphilis, tuberculosis, diseases of the nervous system, and chronic diseases of the heart and of the kidneys. The number of autopsies is annually about 50 per cent. of the deaths, a fact which affords an unusual opportunity for the study of pathological anatomy. The material in the Hospital is used for clinical instruction by the members of the Visiting Staff.



Students are also permitted to visit the Free Hospital for Women and the Carney Hospital on application to the physicians on duty.

There are more than sixty appointments annually for Internes in the various hospitals, and nearly as many more for Assistants in the outpatient departments. Appointments for the Massachusetts General and Boston City Hospitals are for terms of one to two years (according to the service chosen); for the Boston Lying-in Hospital for six months; and for the Free Hospital for Women for nine months.

WARREN ANATOMICAL MUSEUM.

The Warren Anatomical Museum was founded in 1847 by JOHN COLLINS WARREN, of the College Class of 1797, Adjunct Professor of Anatomy and Surgery from 1809 to 1815, Hersey Professor of Anatomy and Surgery from 1815 to 1847, Professor *Emeritus* from 1847 to his death in 1856, son to JOHN WARREN, the first Hersey Professor of Anatomy and Surgery. This important Museum is open to students in the School, and its collections are used in demonstration of the lectures. Its Curator is Dr. WILLIAM FISKE WHITNEY.

The collection has about nine thousand specimens, illustrating both normal and pathological anatomy and materia medica. Students may have access to these specimens at any time upon application to the Curator.

Besides dissections and serial sections of many bones, the anatomical collection includes many corrosion preparations, plaster and papier maché models of bones, organs, and various parts of the body, and frozen sections.

The pathological collection is being constantly enlarged by the addition of numerous specimens, preserved in their natural colors by Kaiserling's method.

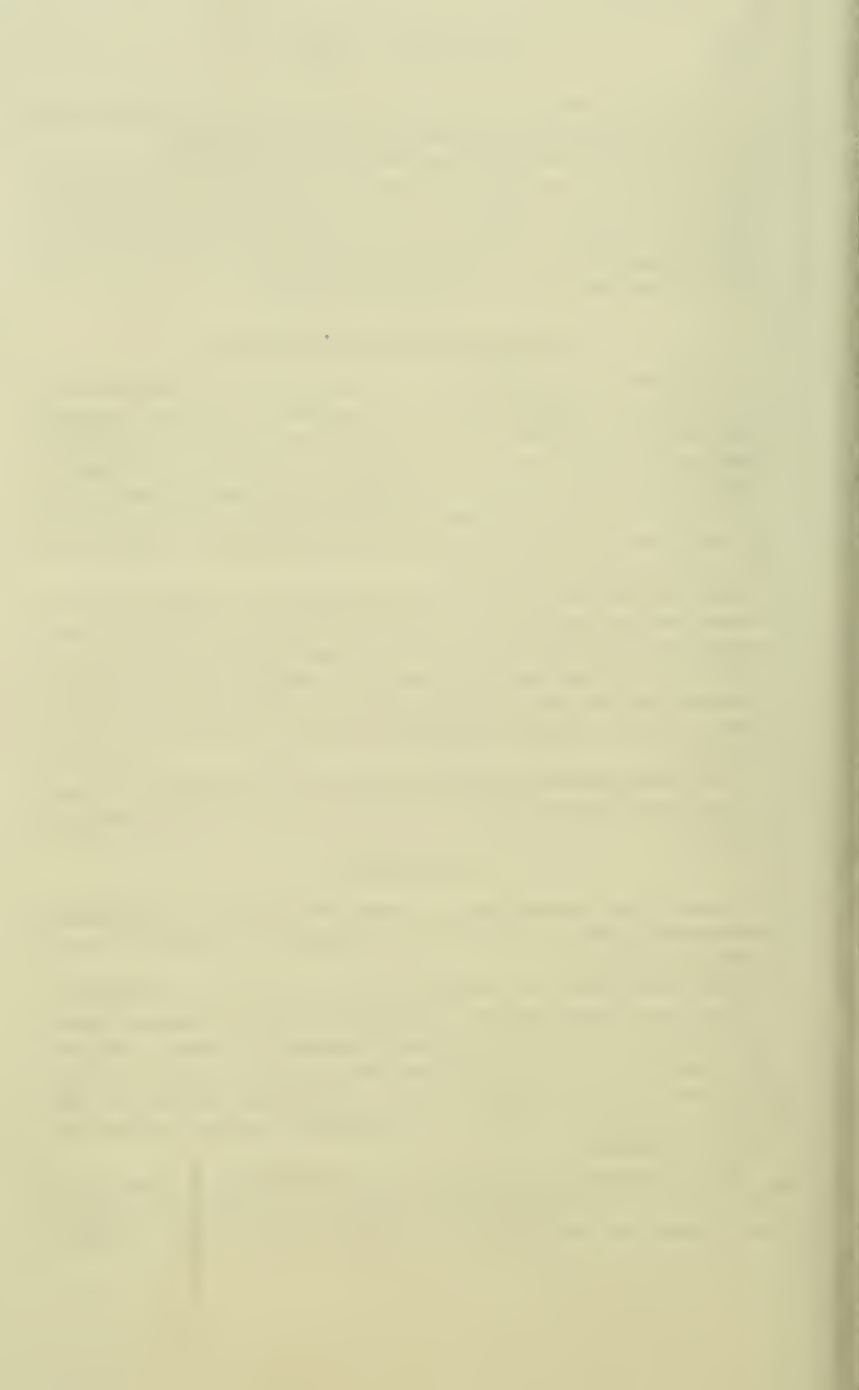
LIBRARIES.

Medical School students who are engaged in research work have access to the special libraries of the various departments on application to the persons in charge.

The College Library at Cambridge is open to the students of this School.

The Boston Public Library, which contains a large collection of medical books, is open to students who are inhabitants of Boston. Students, not inhabitants of Boston, who have filed a bond at the Bursar's office, or deposited with the Bursar the sum of fifty dollars, may also use this library. The Bursar will furnish on application the necessary certificate of bond or deposit.

The Boston Medical Library has nearly 35,000 volumes, about half of which are periodicals, and 30,000 pamphlets. Nearly 500 current journals and transactions are on file. There is a good reference library of modern



books, including encyclopaedias, systems, etc. The Library is open daily, except Sundays and holidays, from 9 A.M. to 6 P.M. It is also open Tuesday and Friday evenings from 7 to 10, except during July and August. It has always been free to medical students.

FELLOWSHIPS AND SCHOLARSHIPS.

FELLOWSHIPS.

BULLARD FELLOWSHIPS. In 1891, WILLIAM STORY BULLARD, of Boston, gave the sum of fifteen thousand dollars for the establishment of three fellowships of five thousand dollars each "in memory of three physicians who were distinguished for their honorable personal character and for their professional services in this community." Accordingly the three following fellowships were established with a yearly income of two hundred and twenty-five dollars each:—

THE GEORGE CHEYNE SHATTUCK MEMORIAL FELLOWSHIP.

THE JOHN WARE MEMORIAL FELLOWSHIP.

THE CHARLES ELIOT WARE MEMORIAL FELLOWSHIP.

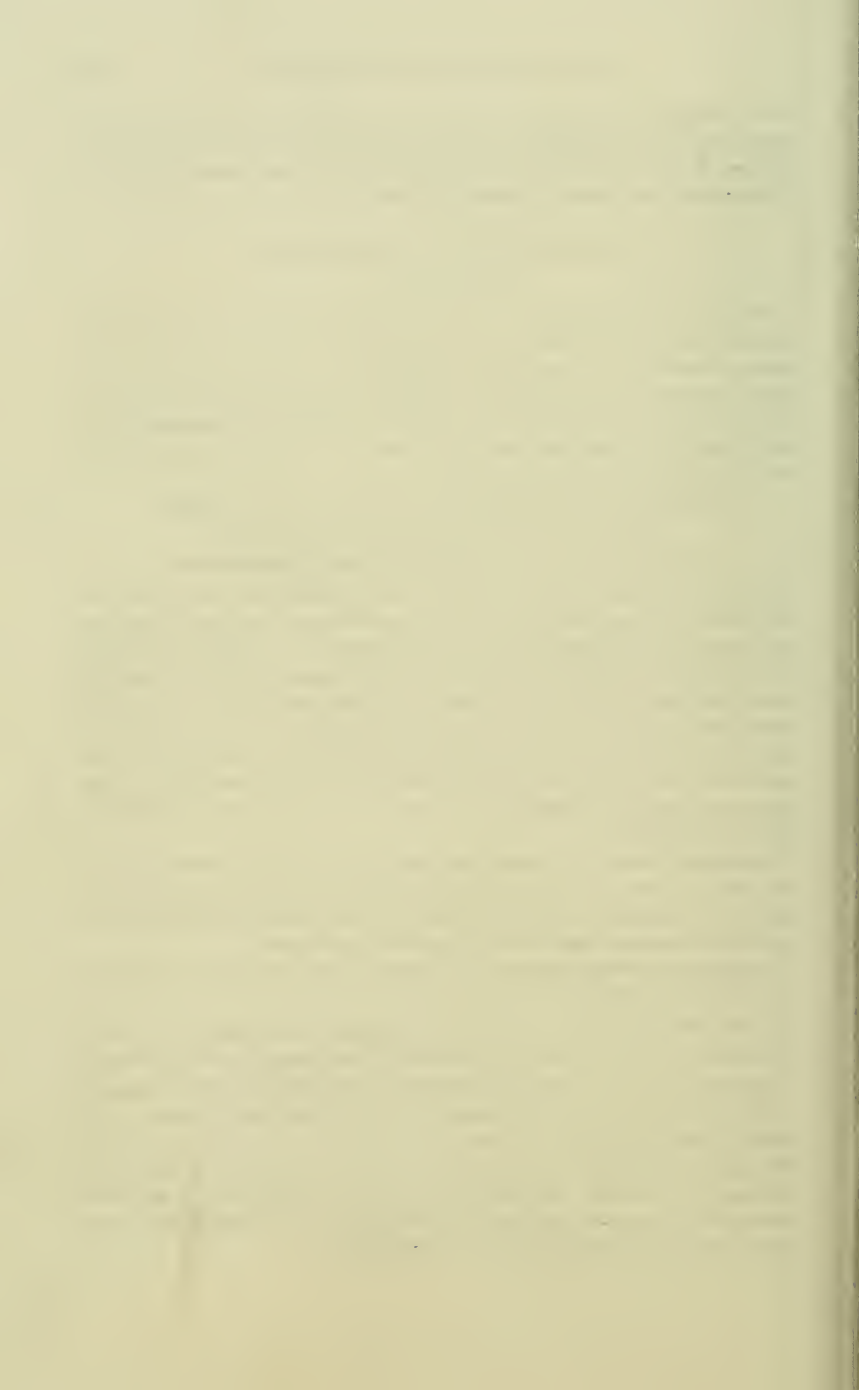
The income from any one or all of these fellowships may be paid to any student or member of the medical profession who shall be selected by the Administrative Board of the Medical School to make such original investigations in Medical Science as in their opinion will be most useful to the profession and to the community. The results of such investigations shall not, however, be published as a research performed under the grant of a Bullard Fellowship, unless the work shall have received the approval of the Committee. If published with the approval of the Committee, mention shall be made of the fact that the work was done under a Bullard Fellowship.

Holders of Bullard Fellowships are required to do an amount of work equivalent to not less than ten hours a week throughout the academic year and to present to the Committee at the end of the academic year a report on the amount and result of the work performed.

Applications for the Bullard Fellowships must be handed to the Dean on or before October 1.

AUSTIN FELLOWSHIPS. In 1900, four teaching fellowships, of five hundred dollars each, were established from the income of the Austin Fund.

PROCTOR FUND. A bequest of fifty thousand dollars by Ellen Osborne Proctor for the purpose of promoting the study of chronic diseases. The income of this fund is to be devoted to the care in hospital of persons afflicted with chronic disease, and to investigations into the nature and treatment of the same. The special disposition of the income of this fund is under the control of the heads of the departments of Theory and Practice of Physic, Clinical Medicine, and Pathology.



SCHOLARSHIPS.

The Cheever Scholarship is awarded to a student of the first-year class. The Hayden Scholarship may be so awarded. All the other Scholarships are awarded to members of the three upper classes.

BARRINGER SCHOLARSHIPS. Two, known as the Edward M. Barringer Scholarship No. 1, and the Edward M. Barringer Scholarship No. 2, and having a yearly income of three hundred dollars and two hundred dollars respectively, from a bequest of Edward M. Barringer, will be awarded to deserving students, preferably those of the fourth class.

DAVID WILLIAMS CHEEVER SCHOLARSHIP, with an income of two hundred and fifty dollars, was founded in 1889 by David Williams Cheever, M.D., LL.D., of Boston, of the Class of 1852. It is to be awarded to a poor and meritorious student of the first year, after three months' probation in the Medical School.

ISAAC SWEETSER SCHOLARSHIP was founded in 1892 by Mrs. Anne M. Sweetser. The income of two hundred and fifty dollars is to be "devoted to the aid of poor students of ability who would not otherwise be able to continue the studies necessary for their profession."

CLAUDIUS M. JONES SCHOLARSHIP, with an income of two hundred and fifty dollars, is from a bequest of six thousand dollars by Claudius Marcellus Jones, of the Class of 1866, M.D. 1875.

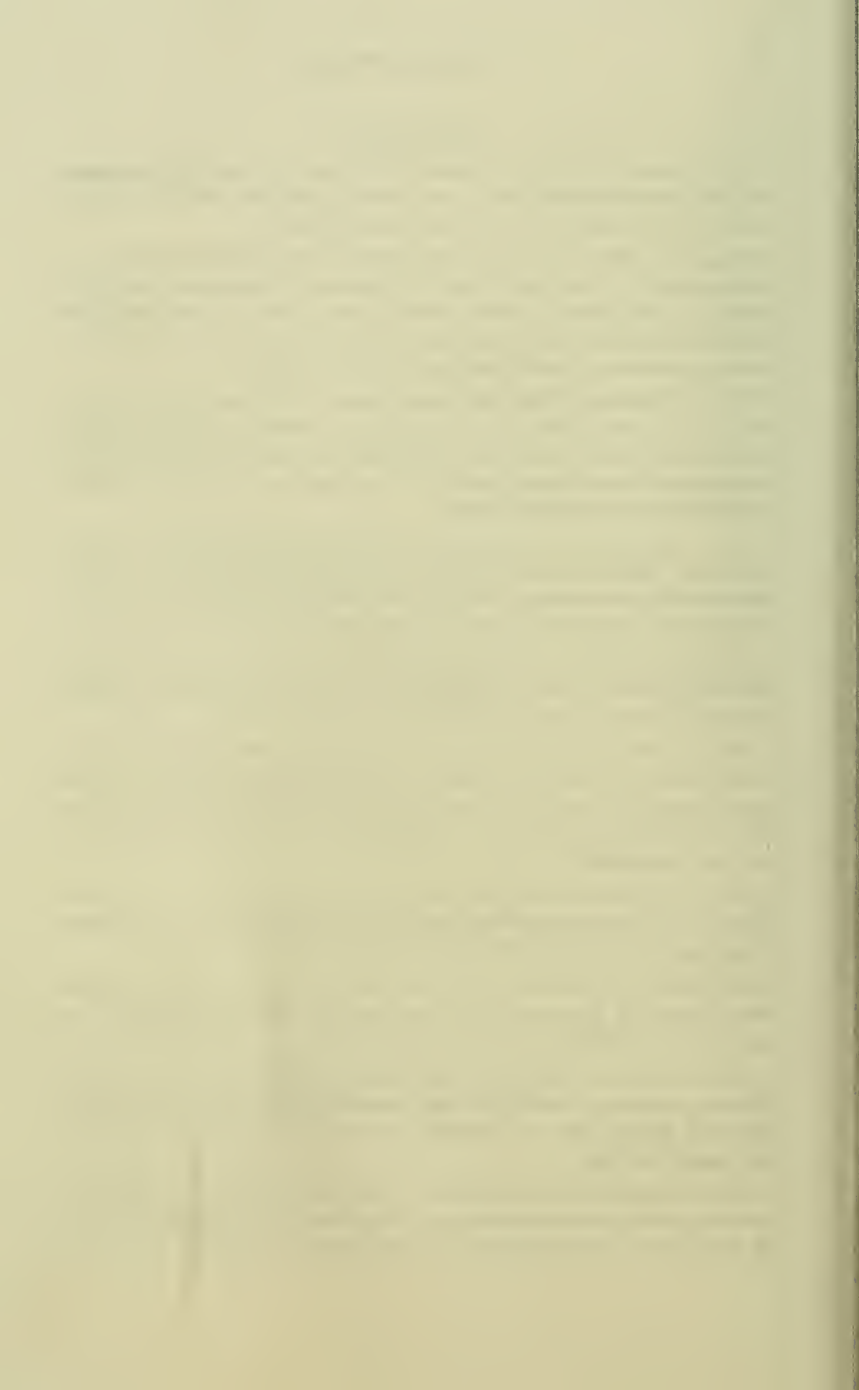
ORLANDO W. DOE SCHOLARSHIP, The bequest of ORLANDO WITHER-
SPOON DOE (A.B. 1865, M.D. 1869) was five thousand dollars. One half of the income derived therefrom, amounting to one hundred dollars, "is to be given annually as a scholarship to a deserving student in the Medical department."

CHARLES PRATT STRONG SCHOLARSHIP, with an income of one hundred dollars, was founded in 1894 by friends and patients of the late Charles Pratt Strong, of the Class of 1876, M.D. 1881.

The **LEWIS AND HARRIET HAYDEN SCHOLARSHIP** for colored students was founded in 1894 from a bequest of Mrs. Harriet Hayden. The income is two hundred and twenty-five dollars.

ALFRED HOSMER LINDER SCHOLARSHIP, with an income of two hundred dollars, was founded in 1895 by Mrs. George Linder. It is to be awarded to a needy student who shall have proven himself to be of sound principles and marked ability.

JOSEPH EVELETH SCHOLARSHIPS. Three Scholarships with an annual income of two hundred dollars each. Founded from the residuary bequest of thirty-seven thousand eight hundred and ninety-seven dollars and



fourteen cents, made by Joseph Eveleth, of Boston, "for aiding deserving and indigent young men in obtaining an education in said College or any of the schools connected therewith." Three Scholarships on this foundation have been assigned to the Harvard Medical School.

EDWARD WIGGLESWORTH SCHOLARSHIP, with an income of two hundred dollars, was founded in 1897 by the family of the late Edward Wigglesworth, of the Class of 1861, M.D. 1865, the yearly income of the fund to be paid to such needy and deserving students of the Medical School as the Medical Faculty shall annually recommend.

HILTON SCHOLARSHIPS. Two Scholarships, with an income of two hundred and twenty-five dollars each, were founded in 1897 from a bequest of William Hilton.

CHARLES B. PORTER SCHOLARSHIP, with an income of two hundred and twenty-five dollars, was founded in 1897 from a bequest of five thousand dollars by William L. Chase.

The **JOHN THOMSON TAYLOR SCHOLARSHIP**, with an income of two hundred dollars, was founded in 1899 by Mrs. Frederic D. Philip in memory of her brother, John Thomson Taylor, who died in 1889. He was a student of the Medical School from 1887 to 1889.

LUCIUS F. BILLINGS SCHOLARSHIP, with an income of two hundred dollars, was founded in 1900 from a bequest under the will of Lucius F. Billings.

The **JOSEPH PEARSON OLIVER SCHOLARSHIP**, with an income of three hundred and twenty-five dollars, was founded in 1904 by patients of the late Joseph Pearson Oliver, M.D. (Harvard, 1871), to be awarded "to such needy and deserving student of the Medical School as the Administrative Board shall annually recommend."

A fund of five thousand dollars, the gift of an unknown donor, was established in 1905, the income of which shall be payable every year to such meritorious and needy students in the Harvard Medical School as shall be recommended by the Administrative Board of the School.

COTTING GIFT. The income of a fund received from the late Dr. Benjamin E. Cotting will be given to such medical student or students as the Medical Faculty may select, having regard to the pecuniary needs, intellectual capacity, faithfulness and earnest endeavor, rather than to highest scholarship merely. The amount to be awarded annually will be one hundred and twenty-five dollars.

The income of the **JOHN FOSTER FUND**, amounting to about one hundred and fifty dollars, is payable every other year to one or more meritorious students needing assistance. The next payment will be made in 1906.

These scholarships and gratuities are awarded to such men among those applying for and needing assistance as give evidence of having done the best work either in this School or in a preparatory course elsewhere.

Students who have not been able to obtain scholarships often find time and opportunity to do outside work of various kinds in the city.

All applications for scholarships or pecuniary aid, except for the Cheever and Hayden Scholarships, must be handed to the Dean on or before *June 1*.

Applications for the Cheever and Hayden Scholarships must be handed to the Dean on or before *November 30*. These scholarships are open only to students who are members of the school at the time of application.

Blank forms, on which all applications for pecuniary aid must be made, may be obtained of the Dean.

PRIZES.

Boylston Medical Prizes.—These prizes, which are *open to public competition*, are offered annually for the best dissertations on questions in medical science proposed by the Boylston Medical Committee.

At the annual meeting held in Boston in 1905 two prizes were awarded: one to R. M. Yerkes, Ph.D., of Cambridge, Mass., for an essay entitled "Auditory-tactual reinforcement and inhibition in the frog," and one to Louis Nelson, M.D., of Roxbury, Mass., for an essay entitled "The action of the active principle of Jamaica dogwood."

For 1906 two prizes are offered:—

1. A prize of seventy-five dollars for the best dissertation on *The results of Original Work in Anatomy, Physiology, or Physiological Chemistry*. The subject to be chosen by the writer.

2. A prize of seventy-five dollars for the best dissertation on *The results of Original Investigations in Pathology, Bacteriology, Therapeutics, or Pharmacology*. The subject to be chosen by the writer.

Dissertations on these subjects must be sent post-paid to H. C. ERNST, M.D., Harvard Medical School, Boston, Mass., on or before *January 1, 1906*.

For 1907 two prizes are offered:—

1. A prize of seventy-five dollars for the best dissertation on *The results of Original Work in Anatomy, Physiology, or Physiological Chemistry*. The subject to be chosen by the writer.

2. A prize of seventy-five dollars for the best dissertation on *The results of Original Investigations in Pathology, Bacteriology, Therapeutics, or Pharmacology*. The subject to be chosen by the writer.

Dissertations on these subjects must be sent to the same address as above on or before *January 1, 1907*.

In awarding these prizes preference will be given to dissertations which exhibit original work, but if no dissertation is considered worthy of a prize, the award may be withheld.

Each dissertation must bear in place of its author's name some sentence or device, and must be accompanied by a sealed packet bearing the same sentence or device, and containing within the author's name and residence. *Any clew by which the authorship of a dissertation is made known to the Committee will debar such dissertation from competition.*

Dissertations must be printed or typewritten, and their pages must be bound in book form.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes:—

1. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.
2. That in case of publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

The Boylston Medical Committee is appointed by the President and Fellows, and consists of the following physicians: WILLIAM F. WHITNEY, M.D., *President*; HAROLD C. ERNST, M.D., *Secretary*; FRANZ PFAFF, M.D., THEOBALD SMITH, M.D., WILLIAM T. PORTER, M.D., FRANKLIN DEXTER, M.D., EDWARD H. NICHOLS, M.D.

The address of the *Secretary* of the Boylston Medical Committee is HAROLD C. ERNST, M.D., Harvard Medical School, Boston, Mass.

William H. Thorndike Prize.—A prize of two hundred dollars will be given annually to the author of the best essay on some subject in any branch of Surgery.

The students of the Harvard Medical School and graduates of under five years' standing of any recognized medical school are eligible in competition for this prize.

Each essay must bear in place of its author's name some sentence or device, and must be accompanied by a sealed packet bearing the same sentence or device, and containing within the author's name and residence. If the author is a graduate, it must also contain the date of his graduation in medicine and the medical school from which he was graduated. Any clew by which the authorship of an essay is made known to the judges will debar such essay from the competition.

The essays must be sent to the Dean of the Harvard Medical School, 688 Boylston Street, Boston, Mass., U. S. America, on or before Novem-

ber 1 of each year, and the award will be made annually on December 24. If no essay is considered worthy of a prize, no award will be made.

Otological Prize.—For the best preparation illustrating the osseous anatomy of the ear or for the best thesis showing original work on an otological subject, a prize of twenty-five dollars is offered, open to fourth-year students.

Other Prizes.—The Bowdoin, Dante, Toppan and Sumner Prizes, offered by the Faculty of Arts and Sciences, are open to students in all departments of the University. Full particulars in regard to these prizes may be found in the University Catalogue.

COURSES OF STUDY FOR GRADUATES.

The Faculty has arranged, for graduates of recognized medical schools, an improved plan of instruction, embracing nearly all the branches of practical and scientific medicine. It is designed to supply good opportunities for clinical and laboratory study.

The laboratories of the School are well equipped for practical work, and the clinical advantages offered by the hospitals of Boston furnish abundant material for all purposes of instruction. The following are the principal institutions:—

Massachusetts General Hospital,	Infants' Hospital,
Boston City Hospital,	Children's Hospital,
Boston Dispensary,	McLean Hospital (for the Insane),
Massachusetts Eye and Ear Infirmary,	Carney Hospital.
Boston Lying-in Hospital,	

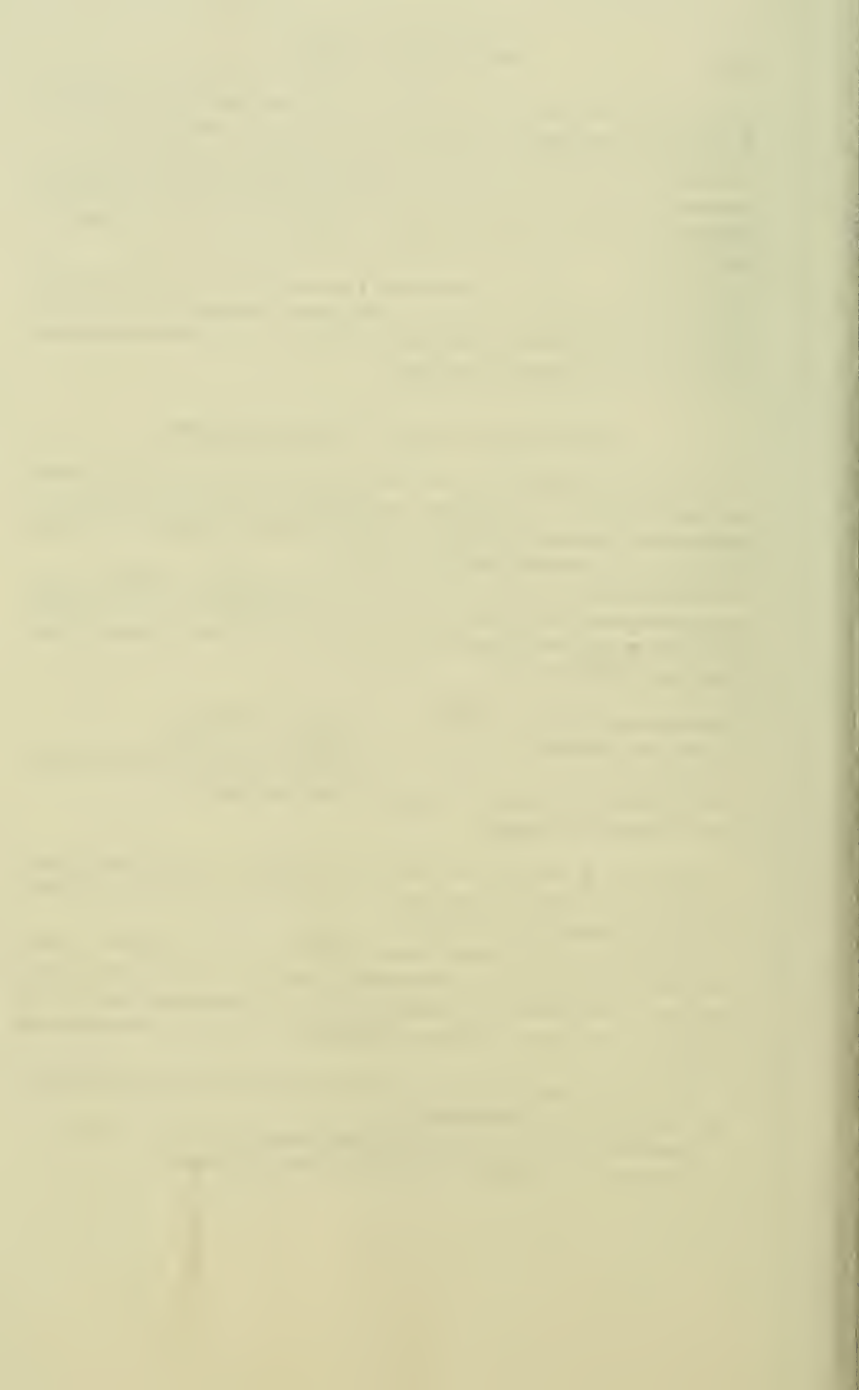
Instructors in the Medical School are members of the medical and surgical staffs of these institutions, to all of which students are admitted under their immediate supervision.

Instruction in the graduate courses is, with but few exceptions, entirely distinct from that of the undergraduate department of the School; but students of the former are admitted also to all the regular lectures (not clinical) of the latter, without extra charge, during their connection with the School.

Instruction is conducted in small classes and under the personal direction of the heads of departments.

Instruction is given throughout the academic year, October to June.

A certificate of attendance will be furnished, if desired.



FEES.

The fees for the separate courses in the several departments vary from \$5 to \$125.

An extra fee is required for the use of material in laboratory, dissecting, and operative courses.

Graduates seeking admission to any of the graduate courses must first register their names at the Dean's office at the Medical School, where all fees are payable, and obtain a receipt to be shown at the first exercise.

For further information and full description of the courses and lectures for graduates, address Dr. WILLIAM L. RICHARDSON, *Dean*, Harvard Medical School, 688 Boylston Street, Boston, Mass.

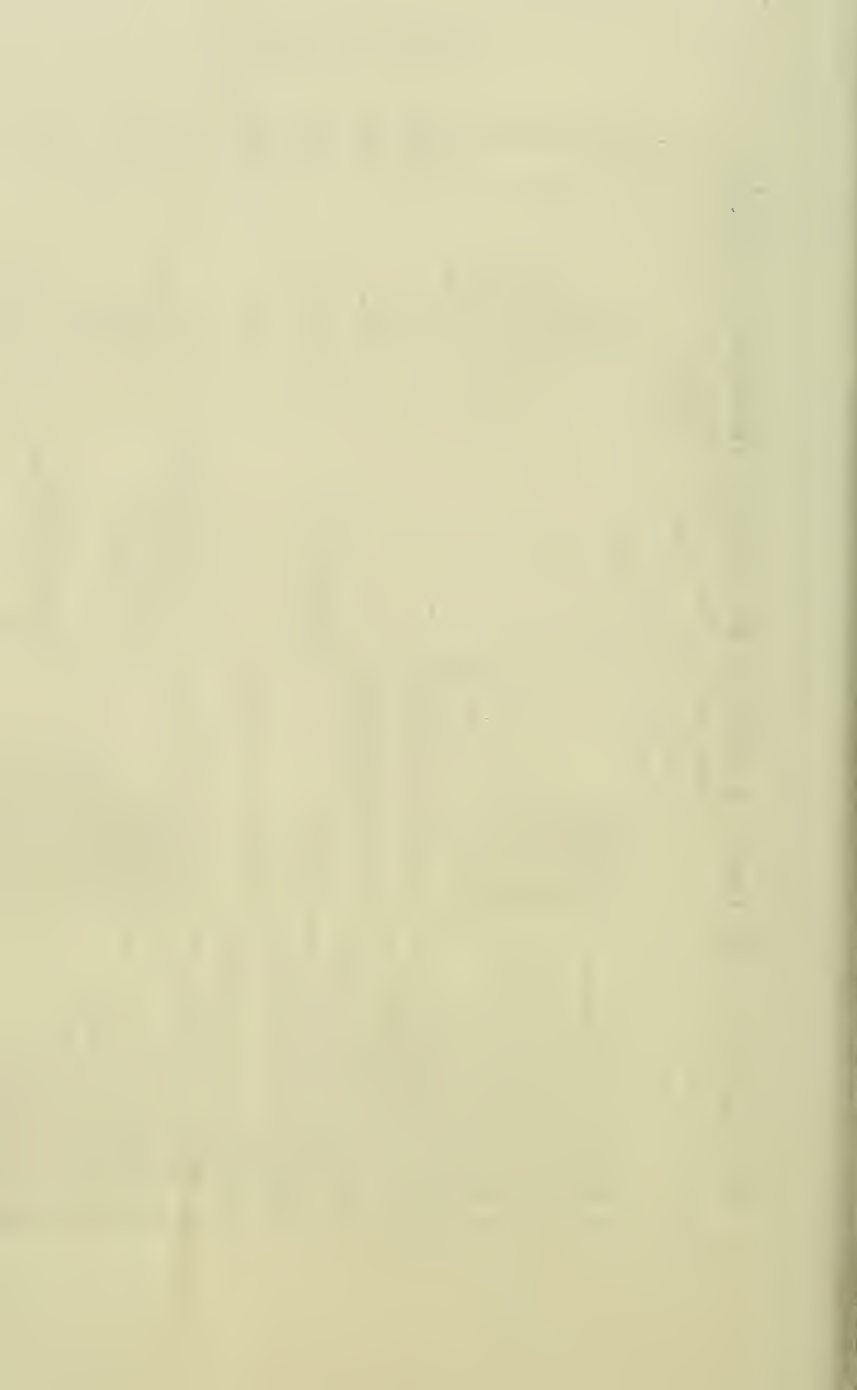
SUMMER COURSES OF INSTRUCTION.

During the summer of 1906, courses in many branches of practical and scientific medicine will be given by teachers in the School. These courses will be clinical in character and will be given at the Hospitals and Dispensaries by the physicians and surgeons on duty. Practical instruction will also be given in several of the Laboratories of the School by the instructors in charge. These courses are open only to graduate and undergraduate students of medical schools recognized by the Faculty of Medicine, and to such others as the Dean of the Faculty approves.

A list of the Summer Courses will be announced early in the Spring. For further information address Dr. WILLIAM L. RICHARDSON, *Dean*, Harvard Medical School, 688 Boylston Street, Boston, Mass.

The following are the Courses provided in the Graduate Department for 1905-06.

SUBJECT.	INSTRUCTOR.	PLACE.	No. of Exer- cises	TIME.*	FEE.
1. Special Anatom. Instruction	Prof. Dwight	Medical School	12	Special	Special.
2. Anatomy of the Joints	Prof. Dwight	"	12	Special	\$25.
3. Topographical and Applied Anatomy	Prof. Dwight	"	12	Special	25.
4. Dissection Courses	Dr. J. Warren	"	12	After Nov. 1	20.
5. Anatomy of Nose and Throat	Dr. Mosher	"	12	Special	25.
6. Genito-Urinary Anatomy, Male	Dr. Davis	"	6	After Feb. 1	25.
7. Genito-Urinary Anatomy, Female	Dr. Wadsworth	"	5	After Feb. 1	20.
8. Surgical Anatomy of Abdomen	Dr. Cheever	"	6-8	Oct.—Mar.	25.
9. Elementary Embryology	Prof. Minot, Drs. Bremer and Lewis	"	42	Feb., Mar.	30.
10. Histology		"	43	Apr., May	30.
11. Advanced Embryology		"	43	Apr., May	30.
12. Special Physiological Instruction	Profs. W. T. Porter and Cannon	"	50	Feb.—June	Special.
13. Research in Physiology	Profs. W. T. Porter and Cannon	"	..	Special	Special.
14. Advanced Physiological and Patho- logical Chemistry		"	..	Special	Special.
15. Clinical Examination of Urine	Drs. Alsberg and Henderson	"	..	Special	Special.
16. Clinical Haematology and Exami- nation of Gastric Contents	Drs. Alsberg and Henderson	"	..	Special	Special.
17. Physical Chemistry in Med. Science	Dr. Hewes	Med. Sch. & Mass. Gen. H.	24	Oct.—Jan.	30.
18. Normal and Path. Metabolism	Dr. Henderson	Medical School	24	Special	Special.
19. Technique of Metabolism Investiga- tion	Dr. Alsberg	"	..	Nov., Dec.	Special.
20. Research in Physiol. Chemistry	Drs. Alsberg and Henderson	"	..	Special	Special.
21. Research and General Laboratory Work in Bacteriology	Prof. Ernst	"	..	Special	25.
22. Research and General Laboratory Work in Pathology	Profs. Councilman and Mallory, and Dr. Wright	Med. Sch., Boston City & } Mass. General Hospitals }	..	Special	30-50.
23. Neuropathology	Dr. Southard	Med. Sch. & Boston City H.	18	Special	30-50.
24. Pathological Anatomy	Dr. Magrath	Medical School	..	Feb. 15—Mar.	30.
25. Research in Comparative Pathology	Prof. Smith	Bussey Institution	..	Special	Special.
26. Hygiene, general	Prof. Harrington	Medical School	..	Special	35.
27. Hygiene, special courses	Prof. Pfaff and Dr. Veljux-Tyrode	"	..	Special	20.
28. Research in Pharmacology		"	..	Special	Special.
29. Clinical Medicine	Dr. Wittington	Boston City Hospital	24	Apr., May	25.
30. Clinical Medicine	Dr. Vickery	Mass. General Hospital	12	Oct.	15.
31. Clinical Medicine	Dr. A. K. Stone	"	18	Oct. & 4 Nov.	25.
32. Clinical Medicine	Dr. Jackson	"	24	Mar., Apr.	15.
33. Clinical Medicine	Dr. Denny	Boston Dispensary	12	June	15.

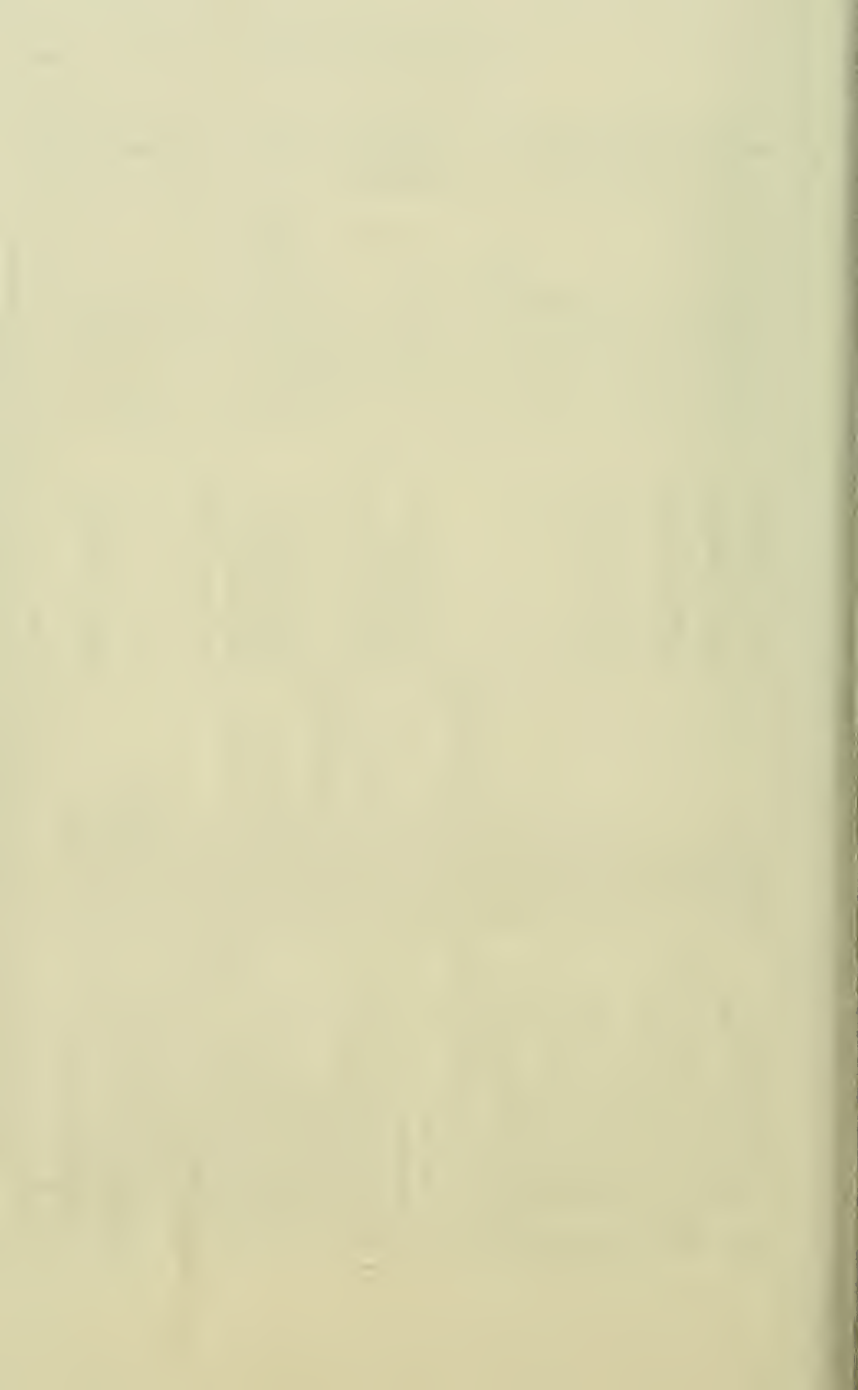


335. Clinical Medicine, 2 courses	Dr. Robey	Boston City Hospital	24	Feb.—May	20.
336. Clinical Medicine, 2 courses	Dr. Locke	"	24	Nov., Dec.	25.
337. Clinical Medicine, 2 courses	Dr. Badger	Boston Dispensary	24	Nov., Dec.	25.
338. Clinical Medicine	Dr. Pratt	"	24	Feb.	20.
339. Diseases of the Lungs, 2 courses	Dr. Stone	"	12	Dec., Jan.	25.
340. Diseases of the Lungs, 2 courses	Dr. White	Boston City Hospital	8	Oct., Nov.	12.
341. Diseases of the Myocardium, 2 courses	Dr. Stone	"	12	Dec., Jan.	25.
342. Diseases of the Myocardium	Dr. Pratt	"	8	Feb.	Special.
343. Digestive Diseases	Dr. Hewes	"	24	Nov., Dec.	30.
344. Digestive Diseases, 2 courses	Dr. Joslin	"	8	Nov., May	12.
345. Digestive Diseases, 2 courses	Dr. White	"	8	Dec., Jan.	12.
346. Digestive Diseases, 2 courses	Dr. Palfrey	Mass. General Hospital	24	Jan., Mar.	25.
347. Laboratory Methods	Dr. Hewes	"	24	Nov.—Jan.	Special.
348. Laboratory Methods, 2 courses	Dr. Palfrey	"	24	Feb., Apr.	25.
349. Sputum Analysis	Dr. Smith	"	8	Nov.—Jan.	30.
350. Blood and Spinal, 4 courses	Dr. Lord	"	12	Mar., June	30.
351. Cytodiagnosis, 3 courses	Dr. Musgrave	"	12	Dec., Jan., Mar.	10.
352. Med. Out-Patient Work, 8 courses	Dr. Jackson, Stone, Cabot, } Smith, White, Locke, } Robey, and Joslin	"	24	Nov.—June	30.
353. Therapeutics	Prof. Shattuck	"	24	Nov.—June	Special.
354. Therapeutics	Prof. Sears	{ Boston City Hospital Medical School	12	Oct.—June	Special.
355. Hydrotherapy	Dr. J. H. Pratt	Medical Baths	12	Feb.	Special.
356. Research and special work in Surg.	Address Prof. Burrell	"	24	Oct.—Jan.	25.
357. Major Surgery, 4 courses	Dr. Beach	"	24	Oct.—Jan.	25.
358. Major Surgery	Drs. Harrington and Codman	"	9	June—Sept.	25.
359. Major Surgery	Drs. Scudder and Greenough	"	24	June—Aug.	25.
360. Major Surgery	Dr. Minford	"	24	June—Aug.	25.
361. Major Surgery, 6 courses	Dr. J. B. Blake	Boston City Hospital	20	Jan.—Apr.—Jun.—Sep.	25.
362. General Surgery	Drs. Munro and Bottomley	Carney Hospital	24	Throughout year	25.
363. Abdominal Surgery	Dr. Lund	Boston City Hospital	24	Aug., or Aug. & Sept.	25.
364. Clin. and Oper. Surgery, 4 courses	Drs. Mixer and Brewster	Mass. General Hospital	24	Feb.—May	25.
365. Clinical and Operative Surgery, 2 courses	Dr. F. Cobb	"	52	Oct., Nov., Dec., Jan.	25.
366. Clinical Surgery	Dr. Balch	"	24	Oct.—Jan.	25.
367. Diagnosis and After-Treatment of Surgical Diseases	Dr. C. A. Porter	"	20	Feb.—May	25.
368. Surgical Infections, 4 courses	Dr. C. A. Porter	"	Special	Feb.—May	25.
369. Surgery of the Joints	Dr. Codman	"	24	Dec.	25.
370. Fractures and Dislocations, 2 courses	Dr. Codman	Boston City Hospital	16	Oct., Nov.	25.
371. Fractures, 5 courses	Dr. Crandon	"	12	Nov.—Jan., Apr., May	25.

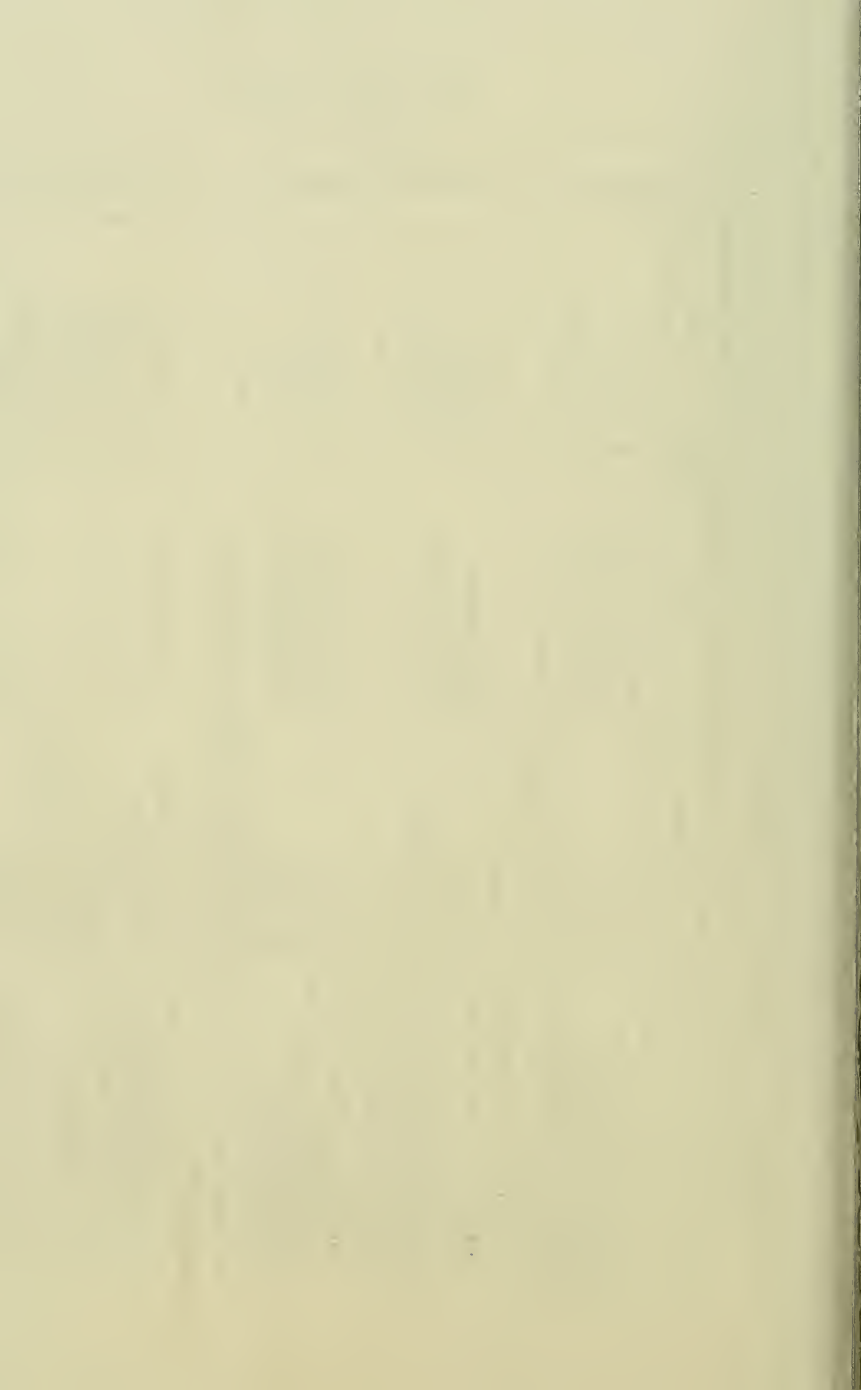
* Time includes months named. When time and fee are "special," arrangements must be made with the instructor.

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‡ Women admitted conditionally.



SUBJECT.	INSTRUCTOR.	PLACE.	No. of Excer- cises.	TIME.*	FEE.
72. Diseases of Rectum and Anus	Dr. Faulkner	Boston City Hospital	12	July and Sept.	\$25.
73. Minor Surgery, 2 courses	Dr. Lund	" "	24	Apr., May	25.
74. Minor Surgery, 4 courses	Dr. Jones	Mass. General Hospital	24	Oct.—Jan.	25.
75. Minor Surgery, 3 courses	Dr. Hubbard	Boston City Hospital	24	Nov.—Jan.	25.
76. Operative Out-Patient Surgery	Dr. Crandon	" "	24	Feb., July, Aug.	25.
77. General Surgery of Children, 8 courses	Prof. Burrell, Drs. H. W. Cushing and J. S. Stone	Children's Hospital	30	Oct.—May	25.
78. Surgical Diagnostic Radiology, 7 courses	Dr. Brown	" "	16	Oct.—Apr.	25.
79. Surgical Diagnostic Radiology, 7 courses	Dr. Brown	Curney Hospital	12	Oct.—Apr.	25.
80. Major Oper. Technique on Animals	Dr. Cheever	Special	15	Special	25.
81. Genito-Urinary Surgery, 2 courses	Dr. Watson	Boston City Hospital	24	Oct.—Dec.	25.
82. Genito-Urinary Surgery, 2 courses	Dr. Paul Thordike	" "	24	Feb.—May	25.
83. Genito-Urinary Surgery, 2 courses	Dr. Lund	" "	24	Feb., Mar.	25.
84. Minor Genito-Urinary Surgery, 2 courses	Dr. Cotton	" "	24	Dec., Jan.	25.
85. Genito-Urinary Surgery in Ambulatory Cases	Dr. Crandon	" "	24	Sept.	25.
86. Genito-Urinary Diseases, 3 courses	Dr. Perry	Boston Dispensary	25	June, July, Sept.	25.
87. Pathology of the Prostate	Dr. Crandon	Boston City Hospital	25	Special	25.
88. Surgical Pathology	Dr. Nichols	Medical School	24	Special	25.
89. Surgical Pathology	Dr. Simmons	Mass. General Hospital	18	Special	25.
90. General Orthopedic Surgery, 4 courses	Prof. Bradford, Drs. Lovett, Brackett, Dane, Goldthwait, Thordike, Souther, and Adams	Children's Hospital	64	Oct.—May	25.
91. Research and Special Work in Orthopedic Surgery, 2 courses	Address Prof. Bradford	Children's Hospital	8	Mar.—May	25.
92. Orthopedic Surgery, 2 courses	Dr. Lovett	" "	12	Oct.—Dec.	25.
93. Pott's Disease, 2 courses	Dr. A. Thordike	" "	18	Jan.—Mar.	25.
94. Flat Foot and Lateral Curvature, 2 courses	Dr. Souther	" "	12	Oct.—Dec.	25.
95. Orthopedic Surgery, 2 courses	Dr. Brackett	" "	12	Apr.—June	25.
96. Deformities, 2 courses	Drs. Dane and Adams	" "	12	Jan.—Mar.	25.
97. Deformities, 2 courses	Drs. Brackett, Dane, and Adams	" "	24	Oct.—Dec.	25.
98. Lateral Curvature, 2 courses	Dr. Lovett	" "	24	Mar.—May	25.
99. Lateral Curvature, 2 courses	Dr. Brackett	Mass. General Hospital	24	Special	25.
100. Orthopedic Surgery	Dr. Goldthwait	" "	16	Special	25.
101. Deformities	Dr. Osgood	Boston Lying-in Hospital	16	Feb.—Apr.	25.
102. Clinical Obstetrics	Prof. C. M. Green	" "	16	Dec.—Jan.	25.
103. Clinical Obstetrics	Dr. Newell	" "	16	Dec.—Jan.	25.



104. Operative Obstetrics, 8 courses	Prof. C. M. Green	Medical School	5	Oct.—May	25.
105. Clinical Obstetric Service	Dr. Swain, Friedman, and Torbert	Boston Lying-in Hospital	..	Special	25.
106. Gynecology	Dr. Green	Boston City Hospital	15	Oct.—Jan. and May	25.
107. Gynecology	Dr. Newell	"	16	Feb.—Apr.	25.
1108. Gynecology	Dr. Storer	Boston Dispensary	12	Jan.—Mar.	25.
1109. Gynecology	Dr. Storer	St. Elizabeth's Hospital	12	Oct.—Dec.	25.
1110. Gynecology	Dr. Friedman	Boston City Hospital	15	Oct., Dec., and Jan.	25.
111. Pediatrics	Prof. Koch and McCollom, and Drs. Craig, Morse, Ladd, and Dunn	Infants', Children's, and Boston City Hospital	..	Special	Special.
1112. Contagious Diseases	Prof. McCollom	Boston City Hospital	15	Oct., Nov.	25.
113. Dermatology, 4 courses	Prof. Bowen	Mass. General Hospital	24	Oct.—May	25.
114. Advanced Dermatology, 4 courses	Prof. Bowen and Dr. White	"	48	Oct.—May	50.
115. Syphilis, 3 courses	Dr. Post	Boston Dispensary	12	Apr.—June	25.
1116. Advanced Clinical Neurology	Prof. Putnam, Drs. Walton, Taylor, and Waterman	Boston General Hospital	..	Oct.—June	15.
1117. Normal Anat. of Nervous System	Dr. Knapp	Boston City Hospital	..	Feb.—May	15.
1118. Path. Anat. of Nervous System	Dr. Taylor	Medical School	15	Special	25.
1119. Advanced General Neurology	Dr. Taylor	"	15	Special	25.
1120. Clinical Neurology	Drs. Taylor and Waterman	Med. Sch., Mass. Gen. & Long Island Hospitals	..	Special	50-75.
121. Lesions of Nervous System in Mental Disease	Dr. Barrett	Danvers Hospital	15	Oct.—May	20.
122. Psychiatry	Dr. Cowles	McLean Hospital	..	Special	Special.
123. Otology	Dr. Hammond	Eye and Ear Infirmary	..	Special	25.
124. Anatomy of the Ear	Dr. Hammond	Medical School	12	Nov.—Jan.	25.
125. Ophthalmology	Dr. Jack	"	12	Special	25.
126. Ophthalmology	Dr. Quackenbush	Eye and Ear Infirmary	12	Oct., Nov.	25.
127. Ophthalmology	Dr. Spalding	"	24	Special	25.
128. Ophthalmology	Dr. Clap	"	..	Special	Special.
129. Oper. Laryngology and Rhinoscopy	Dr. DeBois	Boston City Hospital	18	Dec. 26—Jan.	20.
1130. Rhinology and Laryngology	Dr. F. C. Cobb	Mass. General Hospital	24	Nov.—Dec.	20.
1131. Rhinology and Laryngology	Dr. A. Coolidge	"	24	Feb.—Mar.	20.
132. Rhinology and Laryngology	Dr. Farlow	Boston City Hospital	..	Special	Special.
133. Rhinology and Laryngology	Drs. Langmaid, Goodale, and Green	Children's Hospital	..	Special	Special.

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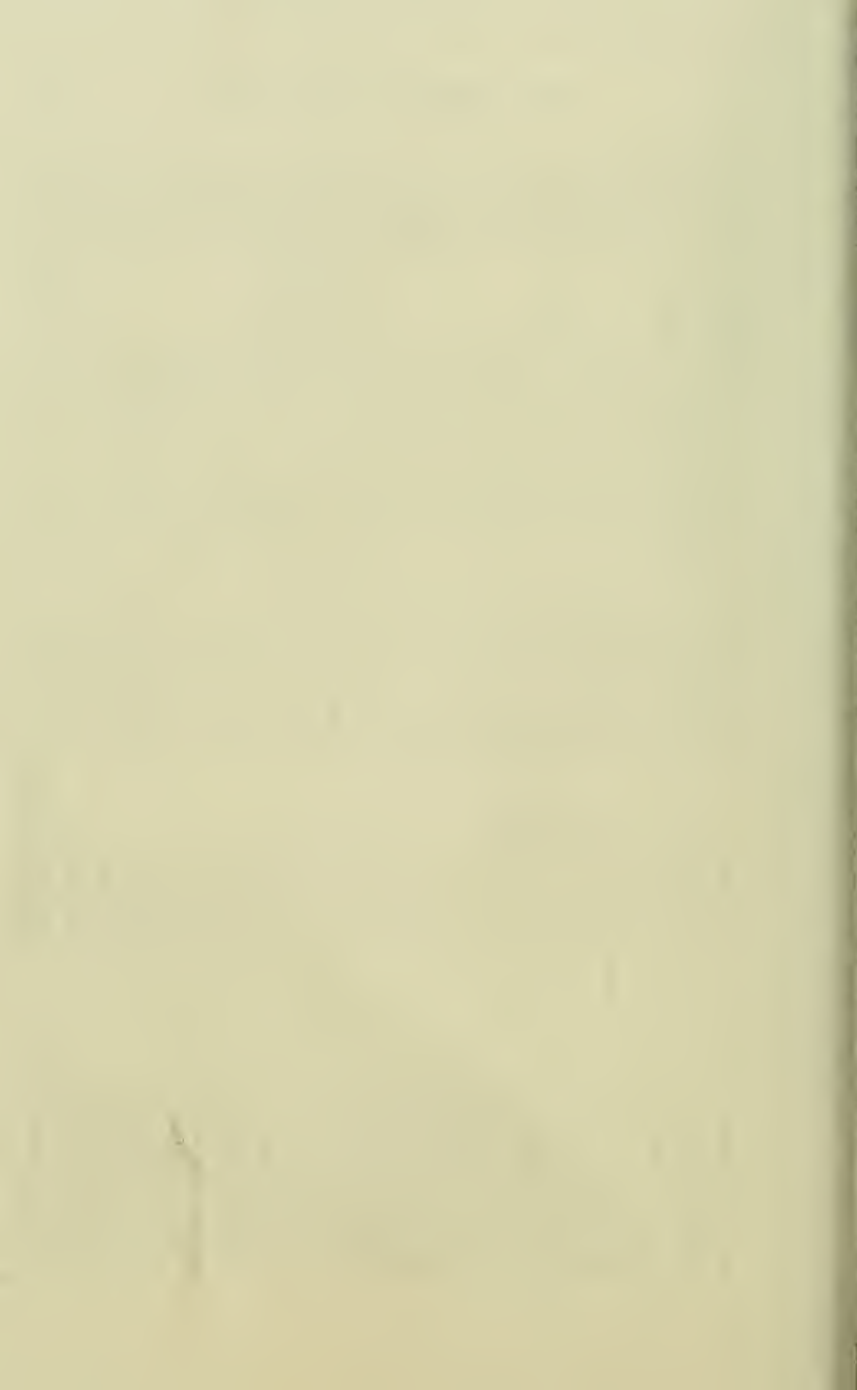


SUMMER COURSES OF INSTRUCTION PROVIDED IN 1905.

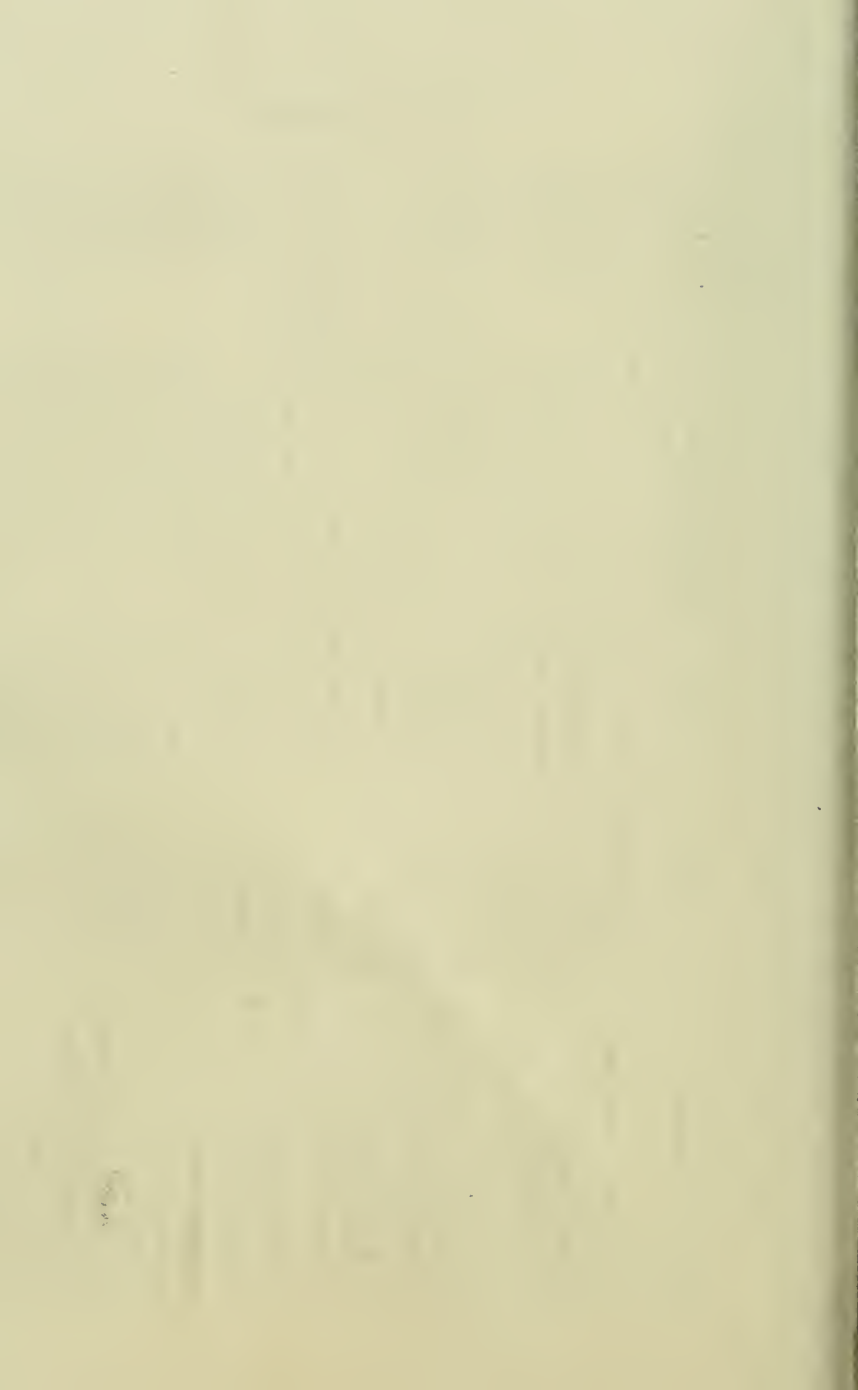
No.	Subject	Instructor	Place	No. of Exer- cises	Begins	Ends	Days	Hour	Fee
1	Anatomy of Nose and Throat	Dr. Mosher	Medical School	12	..	..	Special	..	\$25
2	Anat. of male genito-urinary organs	Dr. Davis	Medical School	5	..	..	Special	..	25
3	An. of female genito-urinary organs	Dr. Wadsworth	Medical School	5	..	..	Special	..	20
4	Surgical Anatomy of Abdomen	Dr. Cheever	Medical School	6-8	..	..	Special	..	25
5	Histology	Dr. Lewis	Medical School	24	June 26	July 28	Mo. Tu. W. T. F.	10	20*
6	Embryology	Dr. Lewis	Medical School	24	June 26	July 28	Mo. Tu. W. T. F.	2	20*
7	Physiology	Prof. Porter	Medical School	30	June 26	July 29	Daily	9-5	40*
8	Physiological Chemistry	Dr. Emerson	Medical School	20	July 3	July 28	Mo. Tu. W. T. F.	11	20
9	Urinary Analysis	Dr. Emerson	Medical School	20	July 3	July 28	Mo. Tu. W. T. F.	11	20
10	Adv. Physiol. and Pathol. Chem.	Dr. Emerson	Medical School	..	..	..	Special	..	..
11	Pathology	Prof. Mallory	City Hospital	41	July 3	Aug. 19	Daily	9-4	50
12	Pathology	Dr. Magrath	Med. Sch., Carney and L. I. Hosp.	40	July 5	Aug. 19	Daily	9½-2	35*
13	Bacteriology	Dr. Page	Medical School	25	July 3	Aug. 4	Mo. Tu. W. T. F.	3	30*
14	Bacteriology	Dr. Perry	Medical School	25	Aug. 7	Sept. 8	Mo. Tu. W. T. F.	3.15	30*
15	Public Health Bacteriology	Dr. Hill	.....	..	..	..	Special	..	..
16	Infect. Dis. of Animals	Dr. Frothingham	Medical School	..	..	..	Special	..	30*
17	Hygiene	Prof. Harrington and Dr. Walker	Medical School	30	July 5	Aug. 16	Mo. Tu. W. T. F.	..	50*
18	Clinical Medicine	Dr. Vickery	Mass. Gen. Hosp.	13	July 3	July 31	Mo. We. Fr.	10-11	15

19	Clinical Medicine	Dr. Vickery	Mass. Gen. Hosp.	..	Aug. 2	Aug. 30	Mo. We. Fr.	10-11	15
20	Clinical Medicine	Dr. H. Jackson	City Hospital	20	July 6	Aug. 19	Tu. Th. S.	10	20*
21	Clinical Medicine	Dr. Bartol	City Hospital	14	Aug. 1	Aug. 31	Tu. Th. S.	10	20
22	Physical Diagnosis	Dr. R. C. Cabot	Mass. Gen. Hosp.	..	Aug. 1	Aug. 31	Daily	9-1	30*
23	Physical Diagnosis	Dr. R. C. Cabot	Mass. Gen. Hosp.	..	Sept. 1	Sept. 30	Daily	9-1	30*
24	Clinical Medicine	Dr. W. H. Smith	Mass. Gen. Hosp.	..	Aug. 1	Aug. 31	Tu. Th. F.	10-12	25
25	Clinical Medicine	Dr. W. H. Smith	Mass. Gen. Hosp.	..	Sept. 1	Sept. 29	Tu. Th. F.	10-12	25
26	Clinical Medicine	Dr. W. H. Smith	Mass. Gen. Hosp.	26	June 1	June 30	Daily	9-12	20*
27	Clinical Medicine	Dr. Pratt	Mass. Gen. Hosp.	..	July 3	July 31	Daily	8½-12	30*
28	Clinical Medicine	Dr. Pratt	Mass. Gen. Hosp.	..	Aug. 1	Aug. 31	Daily	8½-12	30*
29	Clinical Medicine	Dr. Pratt	Mass. Gen. Hosp.	..	Sept. 1	Sept. 30	Daily	8½-12	30*
30	Clinical Medicine	Dr. Musgrave	Boston Dispensary	19	July 5	Aug. 16	Mo. We. Fr.	10-12	20*
31	Clinical Medicine	Dr. Musgrave	Boston Dispensary	20	Aug. 18	Sept. 29	Mo. We. Fr.	10-12	20*
32	Cytodiagnosis	Dr. Musgrave	Mass. Gen. Hosp.	10	July 10	July 21	Mo. Tu. W. T. F.	3-4	15*
33	Cytodiagnosis	Dr. Musgrave	Mass. Gen. Hosp.	10	Sept. 4	Sept. 15	Mo. Tu. W. T. F.	3-4	15*
34	Clinical Medicine	Dr. Locke	City Hospital	..	Sept. 1	Sept. 30	Daily	10-12	30*
35	Clinical Medicine	Dr. Libby	City Hospital	20	June 1	June 23	Daily	10	20
36	Clinical Medicine	Dr. Libby	City Hospital	..	Sept. 1	Sept. 23	Daily	10	20
37	Clinical Medicine	Dr. Lord	Mass. Gen. Hosp.	..	June 1	June 30	Daily	9-1	25*
38	Clinical Medicine	Dr. Lord	Mass. Gen. Hosp.	..	July 3	July 31	Daily	9-1	25*
39	Laboratory Course	Dr. Palfrey	City Hospital	20	July 6	Aug. 10	Tu. Th. S.	11	20*
40	Combined Laboratory Course	Drs. Richardson, Mead, Musgrave, Lord, Alsberg	M. G. H. & H. M. S.	17	July 3	July 31	Mo. Tu. W. Th.	3-5	25*

* Open to women.



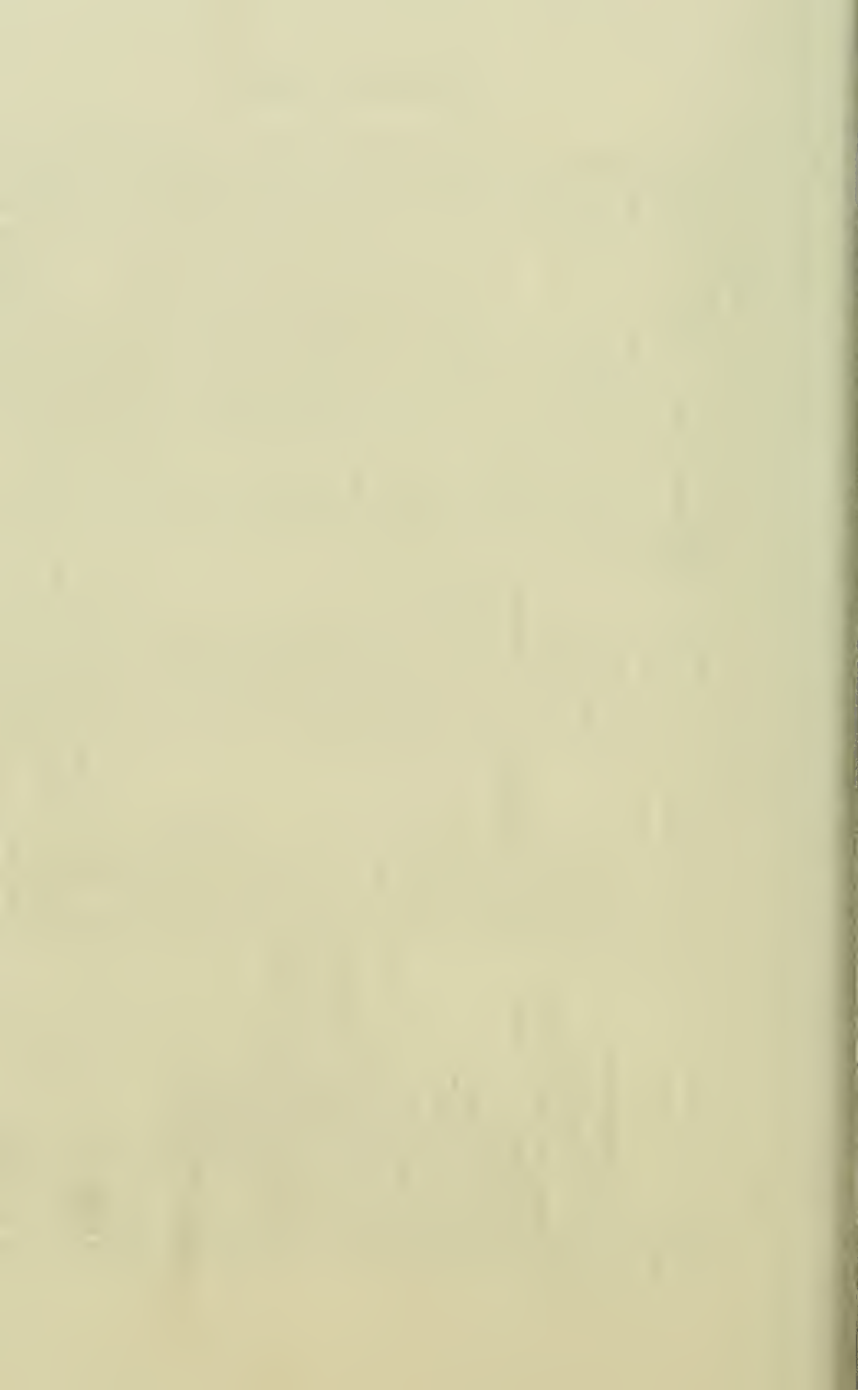
No.	Subject	Instructor	Place	No. of Exer- cises	Begins	Ends	Days	Hour	Fee
41	Combined Laboratory Course	Dr. Richardson, Lord, Macgrace, Smith, & Alsborg	M. G. H. & H. M. S.	18	Aug. 1	Aug. 31	M. Tu. W. Th.	3-5	\$25*
42	General Surgery	Dr. Munro	Carney Hospital	24	..	..	Daily	9-12	25
43	Major Surgery	Dr. Scudder & Greenough	Mass. Gen. Hosp.	24	June 1	Sept. 30	Daily	9-1	30*
44	Major Surgery	Dr. Mumford	Mass. Gen. Hosp.	48	June 1	Sept. 30	Mo. We. S.	9-11	30
45	Major Surgery	Dr. J. B. Blake	City Hospital	12	June 1	Sept. 30	Mo. We. Fr.	10-12	25
46	Diseases of the Rectum	Dr. Faulkner	City Hospital	12	July 1	Sept. 30	Tu. Th. Sat.	10-12	20
47	Abdominal Surgery	Dr. Lund	City Hospital	24	Aug. 1	Oct. 1	Mo. We. Fr. or Daily	..	25*
48	Operative Surgery	Dr. Jones	Mass. Gen. Hosp.	24	June 1	July 31	Mo. We. Fr. or Tu. Th. Sat.	9	20
49	Operative Surgery	Dr. Jones	Mass. Gen. Hosp.	24	Aug. 1	Sept. 30	Mo. We. Fri. or Tu. Th. Sat.	9	20
50	Major Surgery	Dr. Hubbard	City Hospital	12	June 1	June 30	..	9-11	20
51	Major Surgery	Dr. Hubbard	City Hospital	12	July 1	July 31	..	9-11	20
52	Minor Surgery	Dr. Brewster	Mass. Gen. Hosp.	24	June 1	July 31	Daily	10-12	25
53	Minor Surgery	Dr. Brewster	Mass. Gen. Hosp.	24	Aug. 1	Sept. 30	Daily	10-12	25
54	Out-patient and Minor Surgery	Dr. Farrar Cobb	Mass. Gen. Hosp.	26	July 1	Aug. 1	Daily	10-12	15
55	Out-patient and Minor Surgery	Dr. Farrar Cobb	Mass. Gen. Hosp.	26	Aug. 1	Aug. 31	Daily	10-12	15
56	Out-patient Surgery	Dr. Crandon	City Hospital	27	July 1	July 31	Daily	9-12	20*
57	Out-patient Surgery	Dr. Crandon	City Hospital	27	Aug. 1	Aug. 31	Daily	9-12	20*



58	Gen. Surgery of Children	Des. Stone and Vincent	Children's Hosp.	30	July 1	July 31	M. Tu. W. F. S.	..	20*
59	Gen. Surgery of Children	Des. Stone and Vincent	Children's Hosp.	30	Aug. 1	Aug. 31	M. Tu. W. F. S.	..	20*
60	Gen. Surgery of Children	Des. Stone and Vincent	Children's Hosp.	30	Sept. 4	Sept. 30	M. Tu. W. F. S.	..	20*
61	Fractures	Dr. Cotton	City Hospital	20	June 16	Aug. 1	Tu. Th. Sat.	9-10	30
62	Fractures	Dr. Cotton	City Hospital	20	Sept. 1	Sept. 30	Tu. Th. Sat.	9-10	30
63	Fracture Course	Dr. Crandon	City Hospital	20	July 1	Aug. 16	Mo. We. Fr.	10-11	20*
64	Surgical Diagnostic Radiology	Dr. Brown	Children's Hosp.	16	June 1	Sept. 30	Mo. Tu. We. S.	4-6	20*
65	Surgical Diagnostic Radiology	Dr. Brown	Carney Hospital	12	June 1	Sept. 30	Mo. We. Fr.	11-1	15
66	Surgical Pathology	Dr. Simmons	Mass. Gen. Hosp.	18	June 19	July 28	Mo. We. Fr.	10-12	25
67	Orthopedic Surgery	Prof. Bradford & Assts.	Chil. Hosp. & H.M.S.	32	July 1	July 31	Daily	..	25*
68	Orthopedic Surgery	Prof. Bradford & Assts.	Chil. Hosp. & H.M.S.	32	Aug. 1	Aug. 31	Daily	..	25*
69	Orthopedic Surgery	Dr. Lovett	Children's Hosp.	18	July 1	Aug. 15	Tu. Sat.	..	25*
70	Orthopedic Surgery	Dr. Goldthwait	Carney and M.G.H.	12	June 5	June 30	Mo. We. Fr.	9	25*
71	Orthopedic Surgery	Dr. Goldthwait	Carney and M.G.H.	12	July 1	July 31	Mo. We. Fr.	9	25*
72	Orthopedic Surgery	Dr. Goldthwait	Carney and M.G.H.	12	Aug. 1	Aug. 31	Mo. We. Fr.	9	25*
73	Orthopedic Surgery	Dr. Goldthwait	Carney and M.G.H.	12	Sept. 1	Sept. 30	Mo. We. Fr.	9	25*
74	Orthopedic Surgery	Des. Brackett and Dane	Children's Hosp.	12	July 3	Aug. 14	Mo. Wed.	3½	20
75	Genito-Urinary Surgery	Dr. Watson	City Hospital	13	June 1	June 29	Tu. Th. Sat.	11-12	25
76	Genito-Urinary Surgery	Dr. Thorndike	City Hospital	24	July 1	Sept. 1	Tu. Th. Sat.	10-12	15
77	Non-operative Genito-Urinary Surg.	Des. Cotton and Perry	Dispensary	24	Aug. 1	Aug. 31	Daily	9½-10½	20
78	Genito-Urinary Diseases	Dr. Perry	Dispensary	25	June 1	June 30	Daily	9½-12½	20
79	Genito-Urinary Diseases	Dr. Perry	Dispensary	25	July 1	July 31	Daily	9½-12½	20

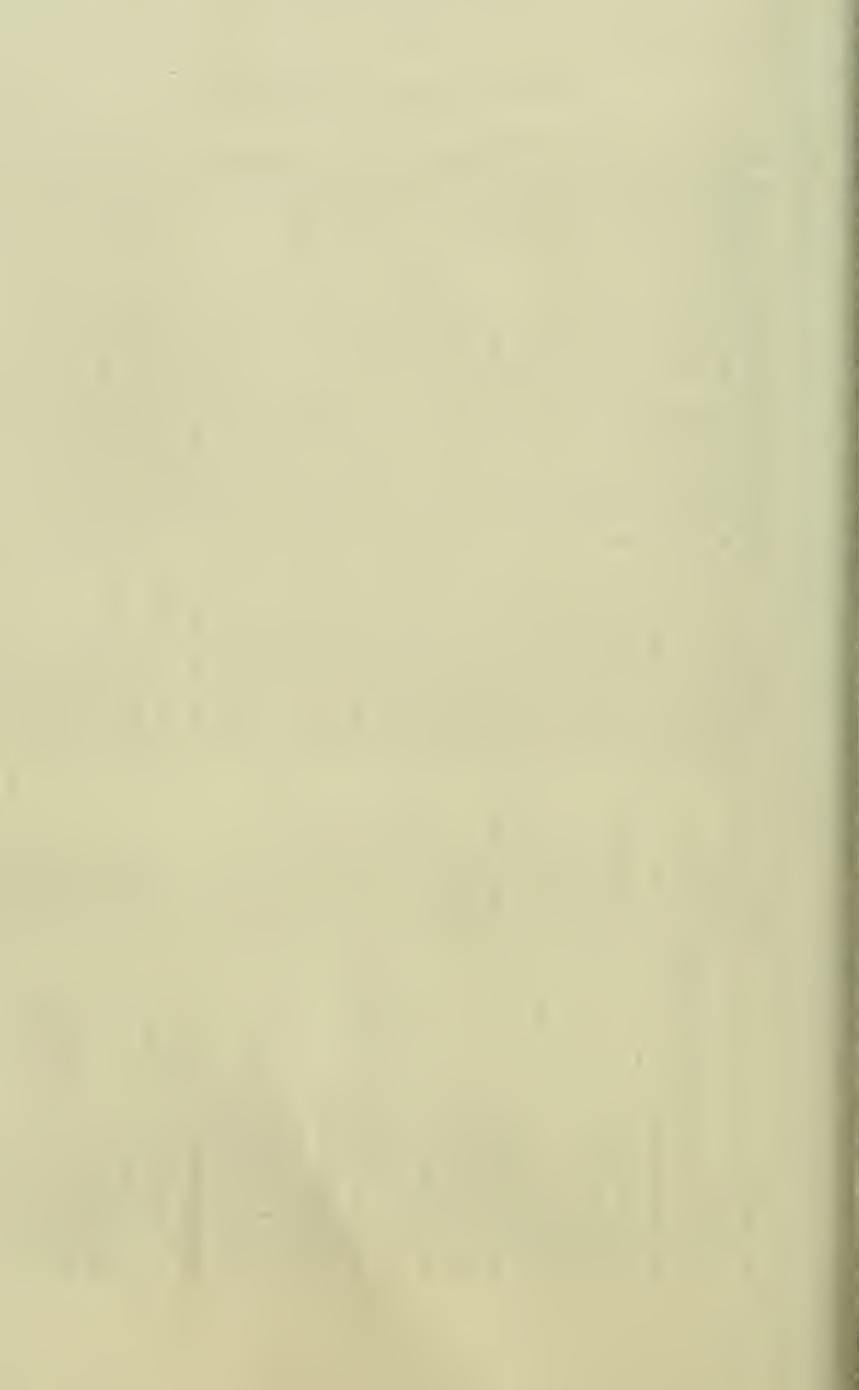
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80	Genito-Urinary Diseases	Dr. Perry	Dispensary	25	Sept. 1	Sept. 30	Daily	9½-12½	\$20
81	Genito-Urinary Surgery	Dr. Crandon	City Hospital	28	Sept. 1	Sept. 30	Daily	9-12	20
82	Surgical Pathology of Prostate	Dr. Crandon	City Hospital	12	Sept. 1	Sept. 15	Daily	10-12	25
83	Clinical Obstetrics — Practical Course	Dr. Swain, assisted by Drs. Friedman & Torbert	Lying-in Hospital	..	May 1	Oct. 1	Daily	..	30
84	Clinical Obstetrics	Dr. Swain	Lying-in Hospital	..	July 1	July 31	Mo. We. Fr.	11	20
85	Clinical Obstetrics	Dr. Friedman	Lying-in Hospital	..	Aug. 1	Aug. 31	Mo. We. Fr.	11	20
86	Clinical Obstetrics	Dr. Torbert	Lying-in Hospital	..	Sept. 1	Sept. 30	Mo. We. Fr.	11	20
87	Operative Gynaecology	Dr. Storer	Carney Hospital	12	Apr. 1	Oct. 1	2 days a week	..	25*
88	Clinical and Operative Gynaecology	Dr. Newell	City Hospital	..	July 1	July 31	Tu. Th. Sat.	9-11	25
89	Clinical and Operative Gynaecology	Dr. Newell	City Hospital	..	Aug. 1	Aug. 31	Tu. Th. Sat.	9-11	25
90	Clinical and Operative Gynaecology	Dr. Young	City Hospital	..	Sept. 1	Sept. 30	Tu. Th. Sat.	9-11	25
91	Minor Gynaecology	Dr. Friedman	City Hospital	..	July 1	July 31	Tu. Th. Sat.	9-11	20
92	Minor Gynaecology	Dr. Friedman	City Hospital	..	Aug. 1	Aug. 31	Tu. Th. Sat.	9-11	20
93	Minor Gynaecology	Dr. Friedman	City Hospital	..	Sept. 1	Sept. 30	Tu. Th. Sat.	9-11	20
94	Pediatrics	Dr. Morse	Infants' Hospital	13	June 2	June 29	Mo. We. Fr.	11½	20*
95	Pediatrics	Dr. Dunn	Infants' Hospital	13	July 3	July 31	Mo. We. Fr.	11	20*
96	Pediatrics	Drs. Morse and Dunn	Ch. Hos. & Inf. Hos.	..	Aug. 1	Aug. 31	Daily	..	50*
97	Pediatrics	Drs. Morse and Dunn	Ch. Hos. & Inf. Hos.	..	Sept. 1	Sept. 30	Daily	..	50*
98	Dermatology	Prof. Bowen	Mass. Gen. Hosp.	13	June 1	June 29	Mo. We. Th.	10-11	25
99	Dermatology	Dr. White	Mass. Gen. Hosp.	12	July 3	July 31	(Mo.) Tu. Th. F.	9½	20
100	Dermatology	Dr. White	Mass. Gen. Hosp.	14	Aug. 1	Aug. 31	Tu. Th. Fr.	9½	20*



101	Syphilis	Dr. Post	Dispensary	18	June 5	July 14	Mo. We. Fr.	11-12½	25
102	Syphilis	Dr. Post	Dispensary	18	July 14	Aug. 30	Mo. We. Fr.	11-12½	25
103	Ocular Symptoms in Gen'l Diseases	Dr. Standish	Eye and Ear Inf.	14	June 1	July 1	Tu. Th. Sat.	9	30*
104	Ophthalmology	Dr. Jack	Eye and Ear Inf.	15	Aug. 1	Sept. 30	Tu. Th. Sat.	10	30
105	Ophthalmology	Dr. Quackenboss	Eye and Ear Inf.	24	Aug. 2	Sept. 23	Mo. We. Fr.	9-12	25*
106	Ophthalmology	Dr. Spaulding	Long Isl., E. & E. I.	12	July 3	July 28	Mo. We. Fr.	9	25*
107	Otology	Prof. Blake	Eye and Ear Inf.	12	June 1	June 27	Tu. Th. Sat.	10-12	25*
108	Clinical Otology	Dr. Hammond	Eye and Ear Inf.	24	June 1	June 30	Daily	9-11	25*
109	Clinical Otology	Dr. Hammond	Eye and Ear Inf.	26	July 1	July 30	Daily	9-11	25*
110	Anatomy of the Ear	Dr. Wales	Medical School	13	July 1	July 29	Mo. We. Fr.	9-11	25*
111	Neurology	Dr. E. W. Taylor	II. M. S. & Long Isl.	20	July 5	Aug. 5	Tu. We. Th. S.	9	30*
112	Anatomy of Central Nervous System	Dr. E. W. Taylor	Medical School	15	July 5	. . .	Mo. We. Fr.	4	25
113	Neurolog. Dis. connected with the eye	Dr. Waterman	Mass. Gen. Hosp.	4	Aug. 2	Aug. 11	We. Fr.	10-11	6
114	Clinical Neurology	Dr. Waterman	Mass. Gen. Hosp.	12	July 3	July 28	Mo. We. Fr.	10-11	20
115	Clinical Neurology	Dr. Waterman	Mass. Gen. Hosp.	13	Aug. 2	Aug. 30	Mo. We. Fr.	10-11	20
116	Diseases of Nose and Throat	Dr. Farlow	City Hospital	12	June 2	June 28	Mo. We. Fr.	10	20*
117	Laryngology	Dr. Clark	Mass. Gen. Hosp.	18	June 1	July 11	Tu. Th. Sat.	10	20*
118	Laryngology	Dr. Clark	Mass. Gen. Hosp.	18	July 17	Aug. 23	Mo. We. Fr.	10	20*
119	Laryngology	Dr. Clark	Mass. Gen. Hosp.	17	Aug. 23	Sept. 29	Mo. We. Fr.	10	20*
120	Laryngology	Dr. Coffin	City Hospital	18	July 3	Aug. 11	Mo. We. Fr.	10-11	20*
121	Laryngology	Dr. Coffin	City Hospital	18	Aug. 16	Sept. 23	Mo. We. Fr.	10-11	20*
122	Diseases of Nose and Throat	Dr. Mosher	Dispensary	18	July 3	Aug. 11	Mo. We. Fr.	10	20*
123	Diseases of Nose and Throat	Dr. Mosher	Dispensary	18	Aug. 16	Sept. 23	Mo. We. Fr.	10	20*

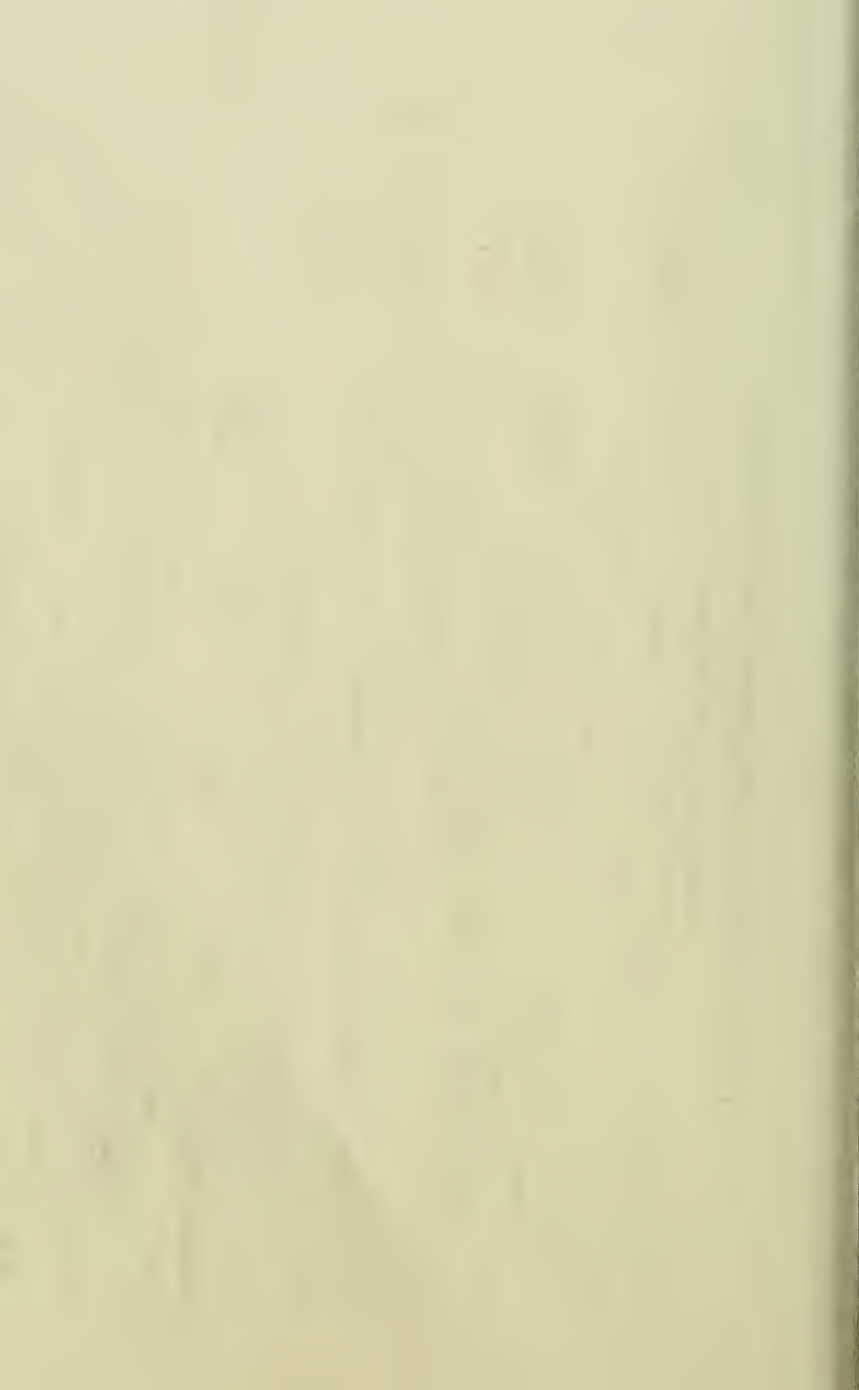
* Open to women.



TABULAR VIEW OF UNDERGRADUATE COURSES.

FIRST YEAR — First Half-Year

	MONDAY.	TUESDAY.	WEDNESDAY.	THURSDAY.	FRIDAY.	SATURDAY.
9-10	<p><i>October, January.</i> Anatomy. L. Room C.</p> <p><i>November, December.</i> Section A, Dissection. Rooms D and F. Section B, Histology. Lab. Room G.</p>		<p><i>Oct., Dec., Jan.</i> Anatomy. L. Room C.</p> <p><i>November.</i> Sect. A, Dissection. Rooms D and F. Sect. B, Histology. Lab. Room G.</p>	<p><i>October, January.</i> Anatomy. L. Room C.</p> <p><i>November.</i> Sect. A, Dissection. Rooms D and F. Sect. B, Histology. Lab. Room G.</p> <p><i>December.</i> Section A, Dissection. Rooms D and F. Section B, Histology. Lab. Room G.</p>	<p><i>November.</i> Histology L. Room C.</p>	<p>Anatomy. L. Room C.</p>
10-1	<p>Section A, Anatomy. Dissection. Rooms D and F.</p> <p>Anatomy. 1st and 3d weeks. Section A, Rooms D and F. Anatomy. 2d and 4th weeks. Section A, Room G. Section B, Rooms D and F.</p>		<p><i>October, November, December.</i> Rooms D and F. Section B, Histology. Laboratory. Room G.</p> <p><i>January.</i></p>			<p>Anatomy. L. Room C. 10-11.</p> <p>Histology. L. Room C. 11-1</p>
2-3	<p><i>October.</i> L. Room C.</p> <p><i>November, December, January.</i> Section A, Histology. Lab. Room G. Section B, Anatomy. Dissection. Rooms D and F.</p>	<p><i>October.</i> Anatomy. L. Room C.</p>	<p><i>Oct., Nov., Dec.</i> Histology. L. Room C.</p> <p><i>January.</i> Sect. A, Hist. Lab. Room G. Sect. B, Dissection. Rooms D. and F.</p>	<p><i>October.</i> Histology. L. Room C.</p> <p><i>November, December, January.</i> Section A, Histology. Lab. Room G. Section B, Anatomy. Lab. Rooms D and F.</p>	<p><i>October.</i> Anatomy. L. Room C.</p>	
3-6	<p>Section A, Histology. Lab. Room G.</p> <p>Anatomy. 1st and 3d weeks. Section A, Room G. Section B, Rooms D and F. Anatomy. 2d and 4th weeks. Section A, Rooms D and F. Section B, Room G.</p>		<p><i>October, November, December.</i> Section B, Anatomy. Dissection. Rooms D and F.</p> <p><i>January.</i></p>			



Second Half-Year.

PHYSIOLOGY. FEBRUARY 1 TO JUNE 1.

The programme in Physiology varies from day to day. It is illustrated by the following extract from the calendar published by the Department of Physiology at Harvard.

Date.	Laboratory Experiments, Rooms B and II. Special Demonstrations, Room A.	Written test (Rooms B and II); Conferences, Recitations, Systematic Lectures, and Theses (Room A).	
		9-9.30.	10-10.20.
March 6	10.20-12. Blood.	Lecture: Theories of coagulation. Prof. Porter.	12-1. Written test.
" 7	10.20-12.15. Blood.	9.30-10. Conference. Prof. Cannon.	12-1. Written test.
" 8	9.50-12.15. Blood.	9-9.30. Lecture: Relation of vessel wall to hydraemia. Physiological albuminuria. Prof. Porter.	9.30-10. Conference. Prof. Cannon.
" 9	10.35-12.30. Secretion.	9-9.30. Conference. Prof. Cannon.	10-10.20. Written test.
" 10	10.35-12.30. Respiratory exchange.	9.30-9.50. Lecture: The pressure theory of secretion. Prof. Porter.	12.15-1. Thesis: Haemorrhage and regeneration of blood.
" 11	11-12. Demonstration: The action of the chorda tympani and the sympathetic nerves on secretion by the submaxillary gland. Prof. Cannon.	9.30-10.15. Thesis: Gland cells in rest and activity.	12.15-1. Thesis: Haemolysis.
" 13	10.20-1. Metabolism.	9-9.30. Lecture: The mode of action of secretory nerves. Prof. Porter.	10.15-10.35. Written test.
		9.30-10.15. Thesis: Internal secretion of the pancreas.	12.30-1. Lecture: Internal secretion of thyroid, suprarenal body, and pituitary body. Prof. Porter.
		9-9.45. Thesis: Effect of food on the nature of the digestive secretions.	10-11. Recitation. Prof. Bowditch.
		9-9.30. Lecture: Exchange of gases between the air and the tissues. Prof. Porter.	9.30-10. Lecture: Effect of changes in the composition and tension of the respired gases. Prof. Porter.
			10-10.20 and 12-1. Written test.

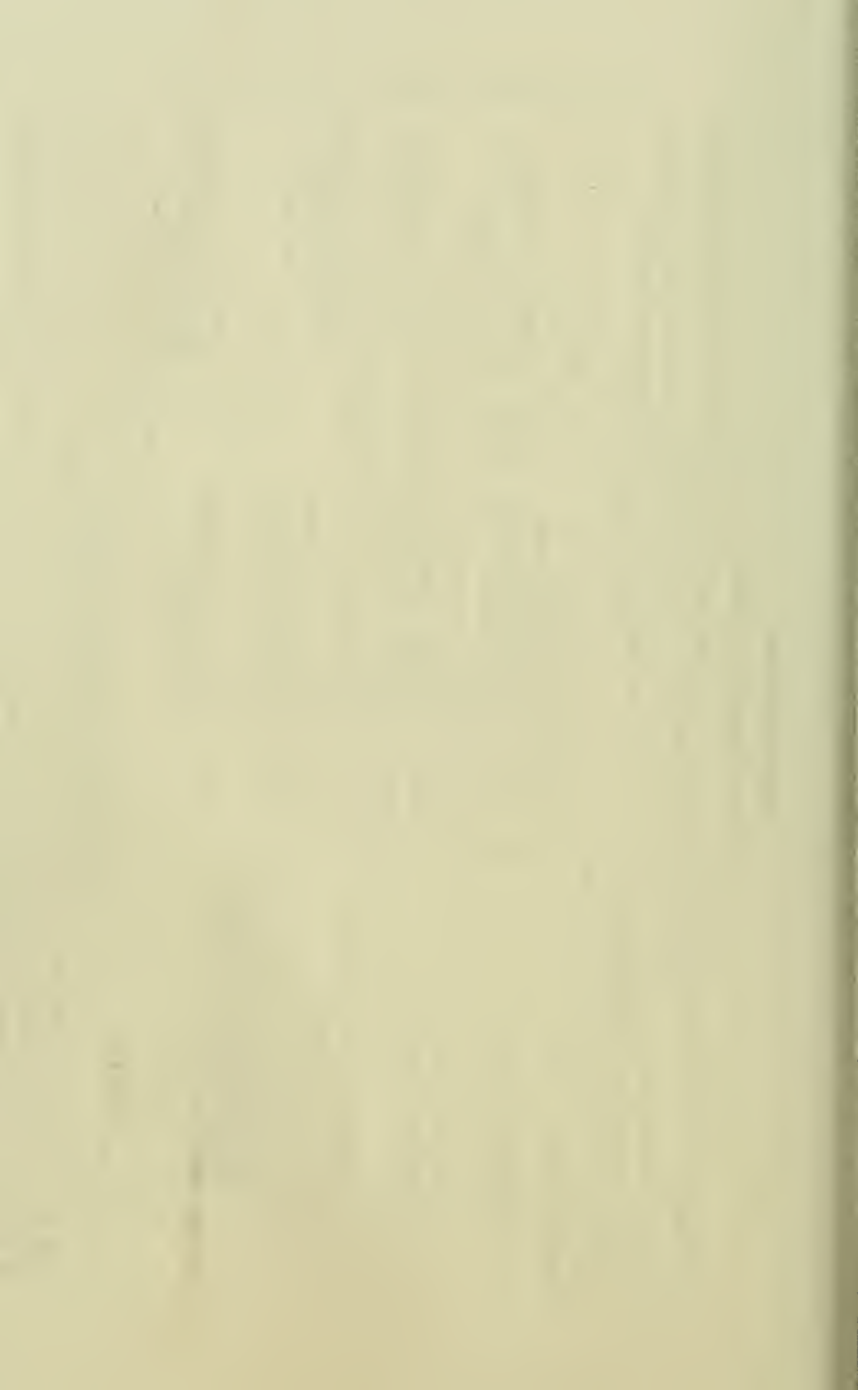
PHYSIOLOGICAL AND PATHOLOGICAL CHEMISTRY.

Lecture. Monday, Tuesday, Thursday, and Friday. Room A. Laboratory. Wednesday.

Laboratory. Daily except Saturday.

2-3

3-5.30

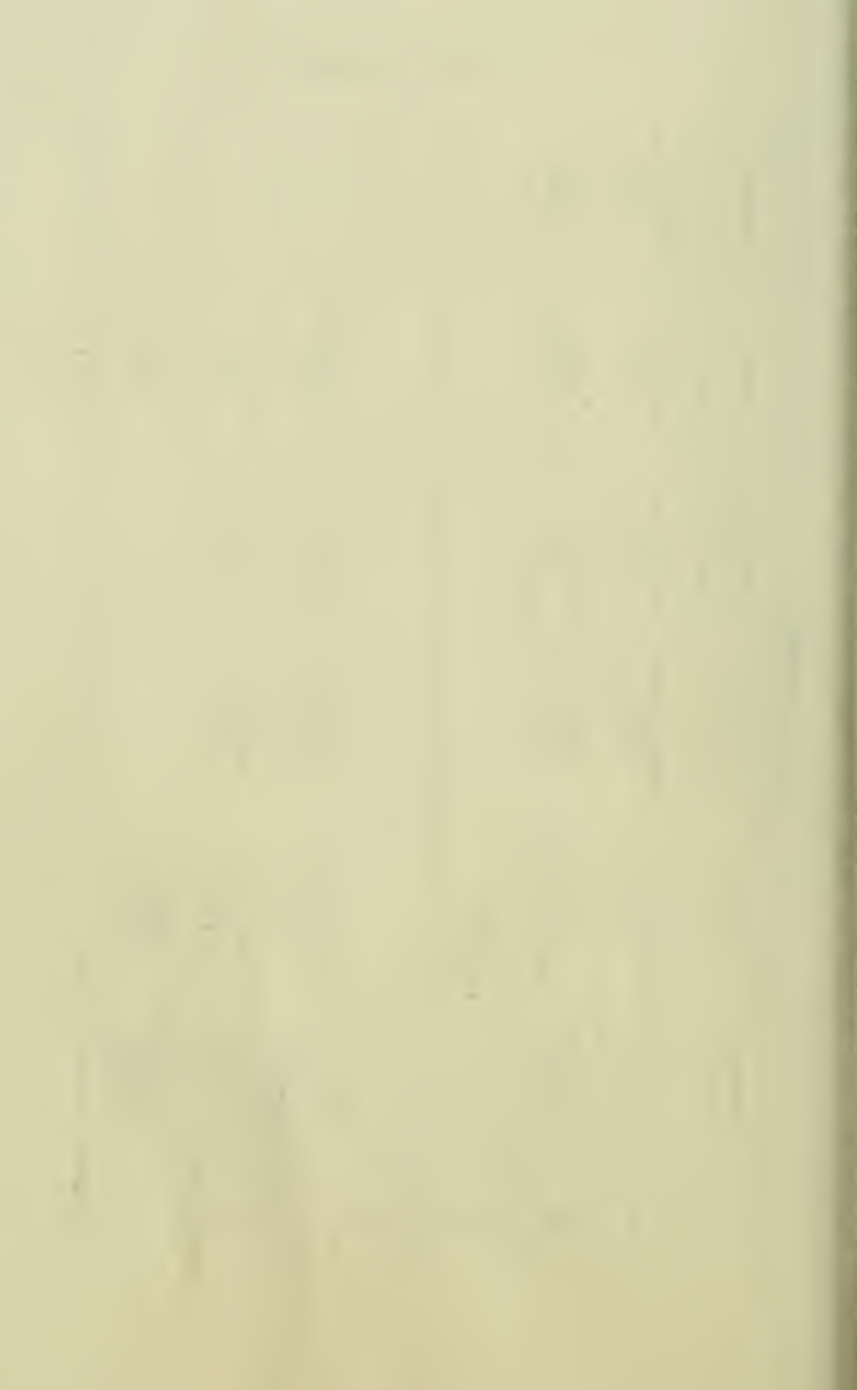


SECOND YEAR. — First Half-Year.

	OCTOBER.	NOVEMBER.	DECEMBER.	JANUARY.
9-12	Pathology. Laboratory. Daily. Section I, Room B. Section II, Room II.		9-10	Monday, Wednesday, and Friday. Surgery. Clinical Lecture, Nichols. B. C. H.
12-1	Pathology. Lectures. Daily. Room C.		9-1 10.30-1	Tuesday, Thursday, and Saturday. Monday, Wednesday, and Friday.
2-3	Bacteriology. Lectures. Daily except Saturdays. Room A.	Pathology of the Nervous System. Laboratory. Southard. H. M. S.		1 and 2 weeks. Pathology. Laboratory. Daily.
3-4				3 and 4 weeks. Pathology of certain Parasitic Diseases. Laboratory. Smith. Daily.
4-5	Bacteriology. Laboratory. Daily except Saturdays. Section I, Room B. Section II, Room II.		2-5	Daily except Saturday. Surgical Pathology. Laboratory. Nichols. H. M. S.
5-6				

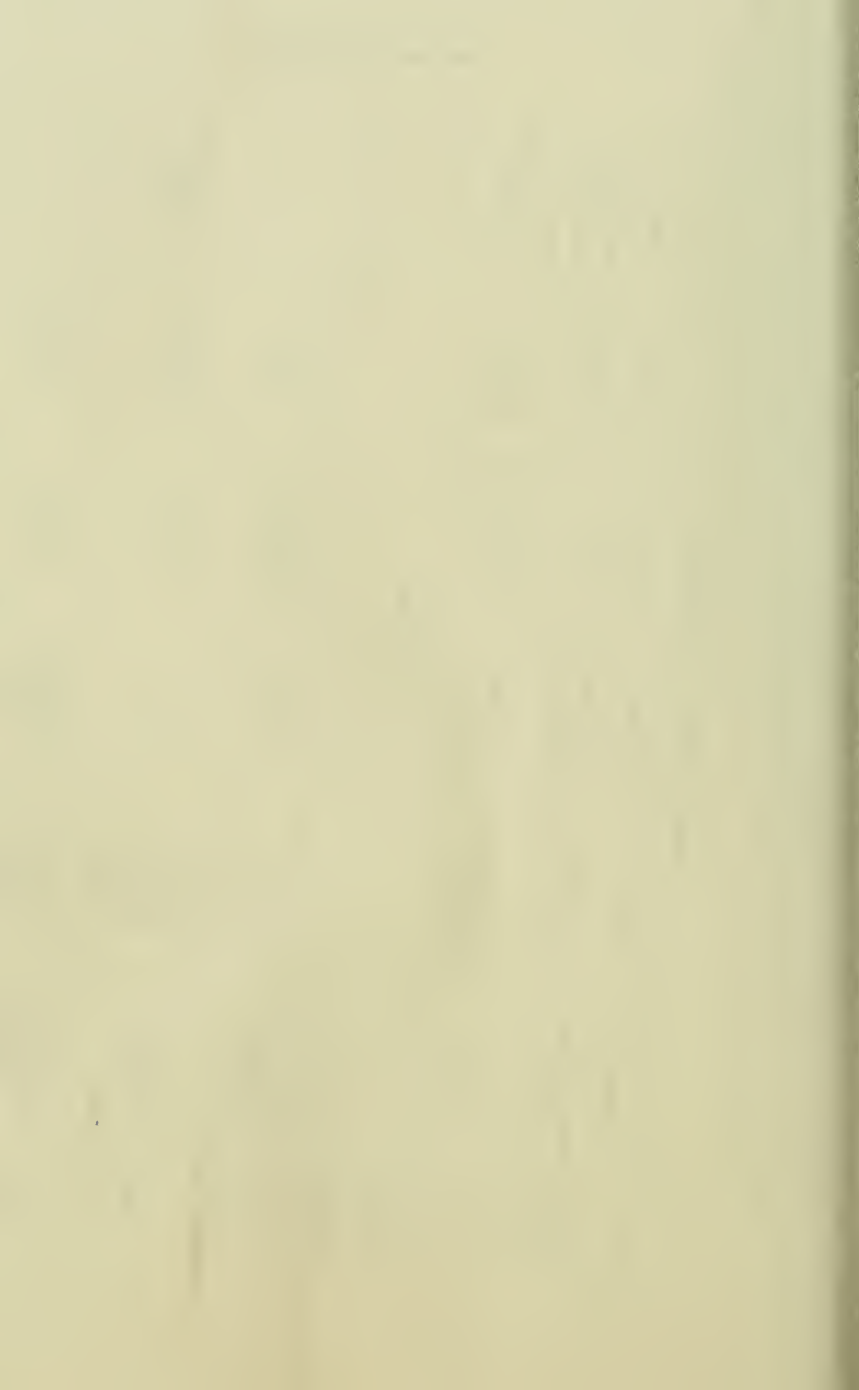
Second Half-Year.

	MONDAY.	TUESDAY.	WEDNESDAY.	THURSDAY.	FRIDAY.	SATURDAY.
	M. G. H.	M. G. H.	B. C. H.	M. G. H.	M. G. H.	B. C. H.
9	Clinical Medicine Clinic Vickery	Theory & Practice Clinic Cutler	Clinical Medicine Clinic Sears	Clinical Medicine Clinic Shattuck	Clinical Medicine Clinic Vickery	Clinical Medicine Clinic Jackson
10	Theory & Practice Clinic Cutler	Surgery Clinic M. H. Richardson	Surgery Clinic Lothrop	Theory & Practice Clinic Fitz	Surgery Clinic M. H. Richardson	Surgery Clinic J. B. Blake
11 12	Section Work					
2						
3	Hygiene. L. Harrington Room A	Theory & Practice. L. Fitz Room E	Hygiene. L. Harrington Room A	Hygiene. L. Harrington Room A	Theory & Practice. L. Fitz Room E	
4	Surgery. L. Warren Room C	Pharmacology. L. Fall Room A	Pharmacology. L. Fall Room A	Surgery. L. Warren Room C	Pharmacology. L. Fall Room A	
5	Surgical Technique 6 lectures Lothrop Room C	Surgery. L. Warren Room C			Surgery. R. Burrell Room C	



THIRD YEAR. — First Half-Year.

	MONDAY.	TUESDAY.	WEDNESDAY.	THURSDAY.	FRIDAY.	SATURDAY.
<i>Class Exercises</i> 9-10	Theory and Practice Clinic Cutler, M. G. H.	Clinical Medicine Clinic Jackson, B. C. H.	Clinical Medicine Clinic Shattuck, M. G. H.	Neurology Clinic Putnam, M. G. H.	Clinical Medicine Clinic Sears, B. C. H.	Clinical Medicine Clinic Shattuck, M. G. H.
10-11	Surgery Clinic Warren M. G. H.	Clinical Surgery Clinic Burrell, B. C. H.	Dermatology Clinic Bowen, M. G. H.	Theory and Practice Clinic Fitz, M. G. H.	Pediatrics Clinic Rotch, C. H.	Theory and Practice Clinic Fitz, M. G. H.
<i>Sections</i> 11-1	Section Work.					
2-3	Obstetrics. L. W. L. Richardson Room E	Theory and Practice L. Fitz Room E	Obstetrics Conference Green Room E	Obstetrics. L. W. L. Richardson Room E	Theory and Practice L. Fitz Room E	
3-4	Surgery. L. Warren Room C	<i>Oct., Nov.</i> Dermatology. L. Bowen Room E <i>Dec., Jan.</i> Syphilis. L. Post Room E	Surgery. L. Warren Room C	Pediatrics. L. Rotch Room E	Therapeutics. L. Palf Room E	Orthopedic Surgery L. Bradford H. M. S.
4-5						
5-6	<i>Oct., Nov.</i> Ophthalmology Standish Room E	<i>Oct., Nov.</i> G.-U. Surgery. L. Thorndike Room E	<i>Oct., Nov.</i> Ophthalmology Standish Room E	Surgery. R. Burrell Room C.	Obstetrics. R. Newell Room E	



DEGREES.

On March 8, 1905, degrees were conferred as follows:—

M. D.

Frederick Francis Andrews.	Thomas Francis Kenney.
Leonard Allen Baker.	Roland Otto Meisenbach.
Elmer Louis Briue.	Gordon Niles Morrill.
Percy Whitman Carr.	George Osgood.
William Edward Eaton.	Harry Merton Page.
William Francis Farmer.	Edwin Pliny Seaver, Jr.
Henry Lawrence Flynn.	Ralph Edgerton Stone.
Frederic Wade Hitchings.	

M. D. (*Out of course.*)

Frank Robert Wheelock, as of the Class of 1904.

John Albion Young, PH.B. (*Brown Univ.*) 1900, as of the Class of 1904.

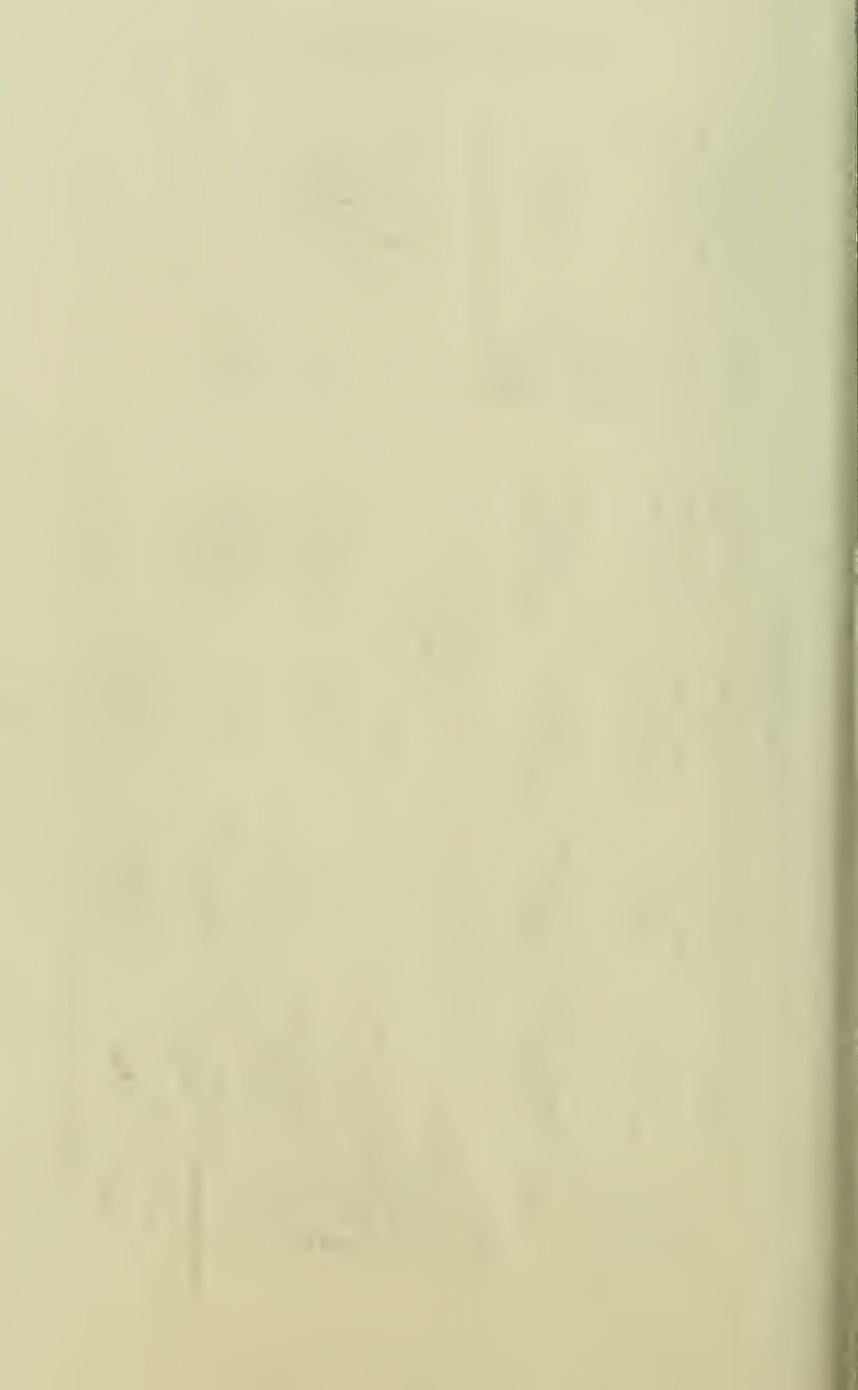
On Commencement Day, June 28, 1905, degrees were conferred as follows:—

M. D.

Gerald Blake, A.B. 1901.
 Jeremiah Joseph Boyle.
 Robert Hartley Brooks, A.B. (*Dartmouth Coll.*) 1900.
 Clarence Edmund Bryant, B.L. (*Dartmouth Coll.*) 1901.
 Fenner Albert Chace, A.B. 1897.
 Hilbert Francis Day, PH.B. (*Yale Univ.*) 1901.
 Ernest Washburn Emery, A.B. (*Bates Coll.*) 1892.
 Carl Fisher, S.B. (*Carleton Coll.*) 1901.
 Roy Hawkes Gilpatrick, A.B. (*Yale Univ.*) 1901.
 William Goodell, A.B. (*Amherst Coll.*) 1901.
 Henry Matthew Grady.
 Joseph James Hagerty.
 William Clinton Hanson, A.B. 1899.
 George Kelsea Hildreth, A.B. (*Dartmouth Coll.*) 1900.
 Henry Ambrose Hoit.
 George Hopkinson, A.B. (*Brown Univ.*) 1896.
 Frank Wheeler Hornbrooke, PH.B. (*De Pauw Univ.*) 1899.
 Jeremiah Joseph Lowney.
 Norman Murray MacLeod, A.B. 1902.
 Eugene Leo Maguire, A.B. (*Dartmouth Coll.*) 1901.
 Francis Xavier Mahoney, M.D.V. 1892.

Second Half-Year.

	MONDAY.	TUESDAY.	WEDNESDAY.	THURSDAY.	FRIDAY.	SATURDAY.
<i>Class Exercises</i> 9-10	Neurology Clinic Putnam, M. G. H.	Clinical Medicine Clinic Bartol, B. C. H.	Neurology Clinic Putnam, M. G. H.	Clinical Medicine Clinic Sears, B. C. H.	Clinical Medicine Clinic Bartol, B. C. H.	Clinical Medicine Clinic Shattuck, M. G. H.
10-11	Surgery. Clinic M. H. Richardson M. G. H.	Clinical Surgery Clinical L. Burrell, B. C. H.	Dermatology Clinic Bowen, M. G. H.	Clinical Surgery Clinical L. Burrell, Gay, or Monks, B. C. H.	<i>Feb., Mar.</i> Pediatrics Clinical L. Rotch, C. H. Morse, No. Grove St. <i>Apr., May</i> Syphilis Clinical L. Post, B. D.	Theory and Practice Clinic Fitz, M. G. H.
<i>Sections</i> 11-1	Section Work.					
2-3						
3-4	Obstetrics. L. W. L. Richardson Room E.	Otology Lecture Blake, Room A	Gynaecology L. or R. Green, Room E	Obstetrics. L. W. L. Richardson Room E	Gynaecology. L. Green Room A	Psychiatry Clinic Cowles, McL. H.
4-5	Pediatrics. L. & R. Rotch, Morse Room E	Pediatrics. L. & R. Rotch, Morse Room E	Obstetrics Conference Green, Room E	Laryngology Lecture Farlow, Room E	Obstetrics. R. Newell Room E	
5-6		Clinical Medicine Case Teaching R. C. Cabot	Clinical Medicine Case Teaching R. C. Cabot			



EXAMINATION PAPERS.

(Annual Examinations, 1905.)

First Year Studies.

ANATOMY.—Professor DWIGHT.

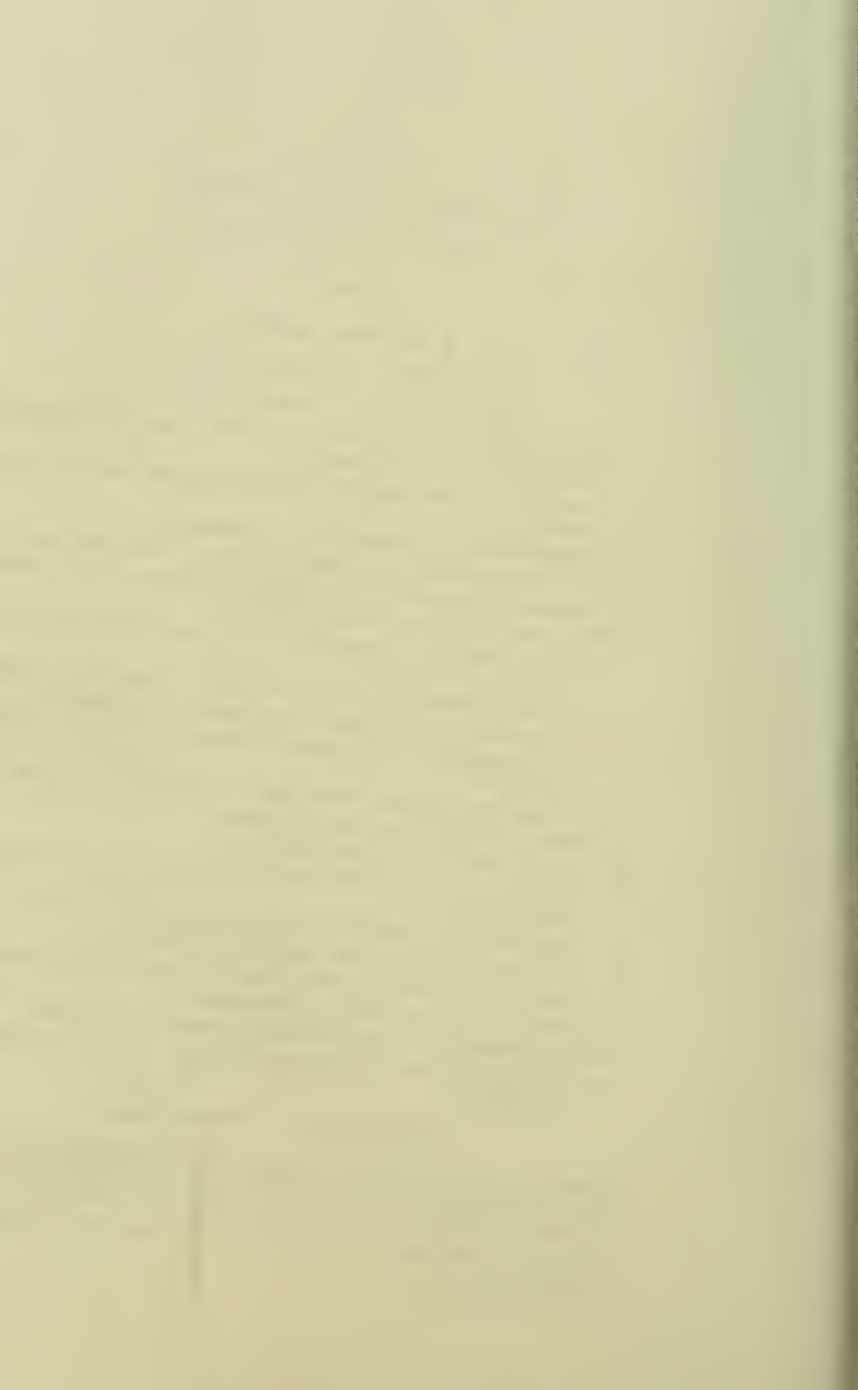
Answer the questions as briefly as possible.

1. Of what bone is the olecranon a part? With what does it articulate? What important muscle runs to it?
2. Describe the odontoid process. What important ligaments spring from it?
3. With what bones does the astragalus articulate?
4. What bones constitute the innominate bone? Where do they meet?
5. What muscles compose the flexor-pronator group of the forearm?
6. What arteries form the circle of Willis?
7. What veins form the portal vein? Where does it go? What structures are with it?
8. How does the facial nerve leave the skull? What does it supply?
9. What structures are supplied by the anterior cranial nerve?
10. What are the limits of the sigmoid flexure? What are its peritoneal relations?
11. What are the surfaces of the spleen? In which is the hilum?
12. What and where is the corpus callosum?
13. What and where is the optic thalamus?
14. How much of the cæcum and ascending colon is covered with peritoneum?
15. What are the chief differences between the two bronchi?
16. Give the boundaries of the foramen of Winslow.
17. What are the relations of the pulmonary artery and the aorta?
18. What is the course of the vas deferens?
19. What structures are in the broad ligament of the uterus?
20. How are the ossicles of the ear arranged? What are their relative positions?

HISTOLOGY.—Professor MIXOT.

[Each student is given four sections to correspond with the first four questions below. He is expected to make simple drawings only, but sufficient to show that he has correctly identified the parts. Any student who draws tissues or structures, not shown in his preparation, will be considered to have failed in all his answers.]

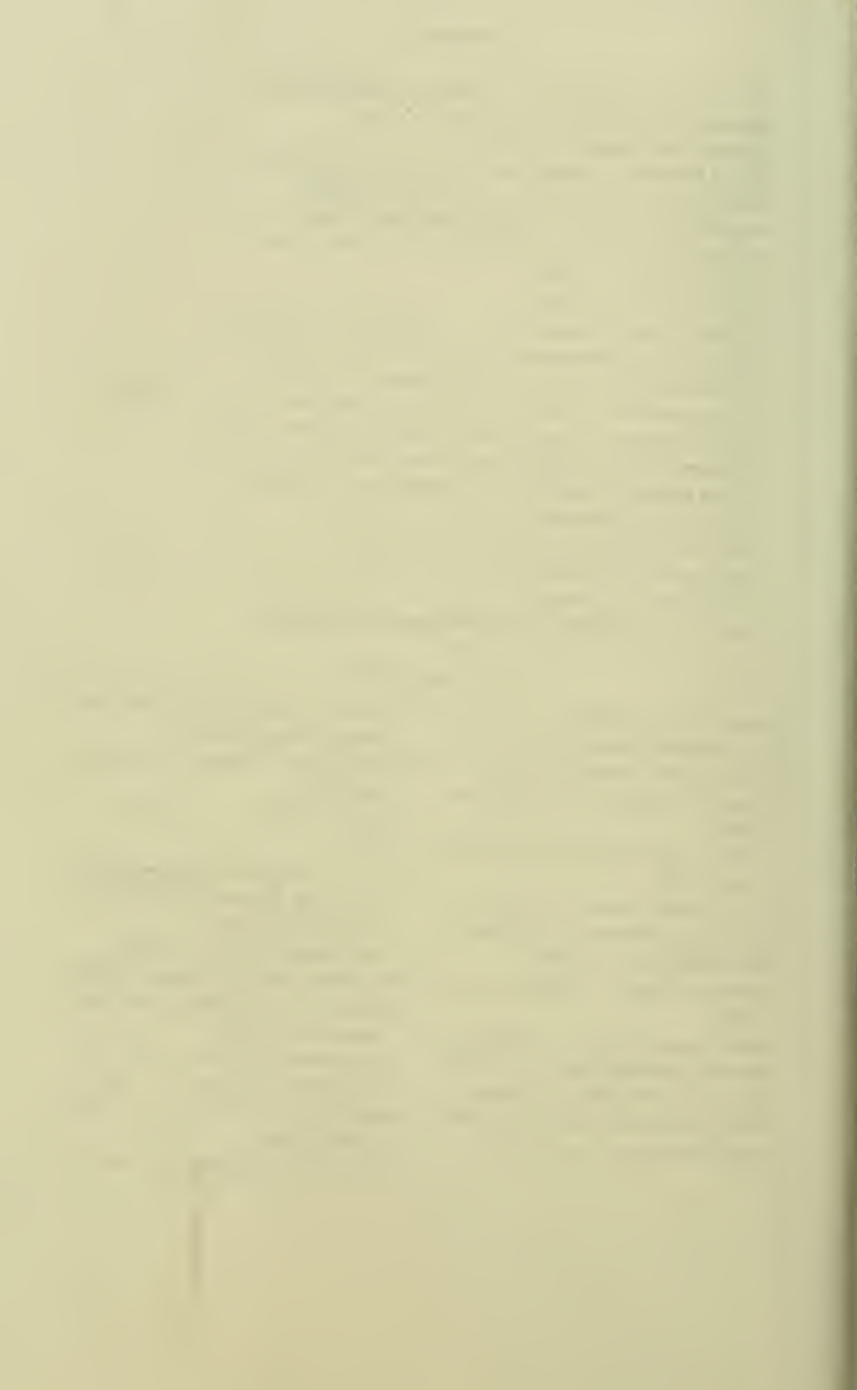
1. Draw and describe a Purkinje's cell. Describe briefly the neuraxon of a Purkinje's cell.



Charles Henry Merrill, A.B. (*Dartmouth Coll.*) 1901.
 Malcolm Dean Miller, A.B. 1901.
 Charles Leo Moran, A.B. 1902.
 James Cornelius Murphy, A.B. (*Boston Coll.*) 1901.
 Nathaniel Leo Niles, PH.B. (*Brown Univ.*) 1899.
 John Henry O'Shea, A.B. (*Gonzaga Coll.*) 1901.
 Thomas Melville Proctor, A.B. (*Amherst Coll.*) 1901.
 Carlisle Reed, S.B. 1902.
 Edward Lawrence Salmon.
 Timothy Joseph Shanahan, A.B. (*Dartmouth Coll.*) 1901.
 Alfred Willard Southgate, A.B. (*Amherst Coll.*) 1901.
 Roy Sumner Stearns, S.B. (*Middlebury Coll.*) 1901.
 Thomas Andrew Storey, PH.D. (*Leland Stanford Jr. Univ.*) 1902.
 Nathan Pulsifer Thayer, A.B. (*Colby Coll.*) 1901.
 William Wright Walcott, S.B. (*Mass. Inst. of Tech.*) 1901.
 James Knight Wardwell, A.B. (*Williams Coll.*) 1901.
 Joseph Palmer Watts.
 Mark Hunking Wentworth, 2d, A.B. 1901.
 Eugene Dizer Whitehouse.
 Nye Clinton Whiting.
 John Edward Wilson, A.B. (*Dartmouth Coll.*) 1901.

M. D. cum laude.

Charles Waldron Adams, A.B. 1901.	William Charles McLaughlin, A.B.
George Samuel Amsden, A.B. 1901.	(<i>Brown Univ.</i>) 1901.
Sylvester Judd Beach, A.B. 1901.	Harvey Field Newhall, A.B. 1901,
William Parsons Boardman, A.B.	A.M. 1902.
1902.	Thomas Ordway, A.B. 1900, A.M.
Harrison Ayer Chase, PH.B. (<i>Brown</i>	1901.
<i>Univ.</i>) 1901.	Charles Leonard Overlander, PH.C.
Harold Ward Dana, A.B. 1900.	(<i>Univ. of Kansas</i>) 1898, PH.B.
Edward John Denning, A.B. 1901.	(<i>Yale Univ.</i>) 1901.
Richard Dexter, A.B. 1901.	Allen Galpin Riee, A.B. 1902.
Theodore Jewett Eastman, A.B.	George Cheever Shattuck, A.B. 1901.
1901.	Benjamin Ernest Sibley, A.B. (<i>Wes-</i>
Albert Ehrenfried, A.B. 1902.	<i>leyan Univ.</i>) 1898.
Nathaniel Wales Faxon, A.B. 1902.	Henry Randolph Storrs, A.B. 1896.
William Leland Holt, A.B. 1901.	Fritz Bradley Talbot, A.B. 1900.
Charles Wentworth Hoyt, A.B. 1902.	James Lyman Whitney, A.B. (<i>Yale</i>
Roger Irving Lee, A.B. 1902.	<i>Univ.</i>) 1901.
	Wyman Whittemore, S.B. 1901.



2. Describe and draw the section, and the tissues found in it, stating from which germ layer each tissue is formed.

3. Make a topographical drawing of the section and name the principal structures shown by the section. From what part of the organ is the section taken? What is the plane of the section.

4. Draw and describe the sinusoids in the section. What are the principal organs in which sinusoids occur?

5. How does the blood pass from the foetal heart to the placenta and back to the heart?

6. Give a brief account of the development of the uterus.

PHYSIOLOGY. — Professor W. T. PORTER.

[Answer any three questions, but not more than three. Mention, where possible, experimental evidence in support of your opinion. Matter not bearing directly on the question asked will count against the writer.]

1. Discuss coagulation.

2. Describe in full any highly developed reflex mechanism, for example that governing micturition.

3. State the evidence for the chemical theory of secretion.

4. Discuss the analysis of sounds by the ear.

PRACTICAL EXAMINATION IN PHYSIOLOGY.

[Each student is required to make four of the six experiments drawn by him, and to write an account of his observations on the blank furnished herewith. Where the results of the experiments are not expressed in a graphic record they must be demonstrated to the instructor.]

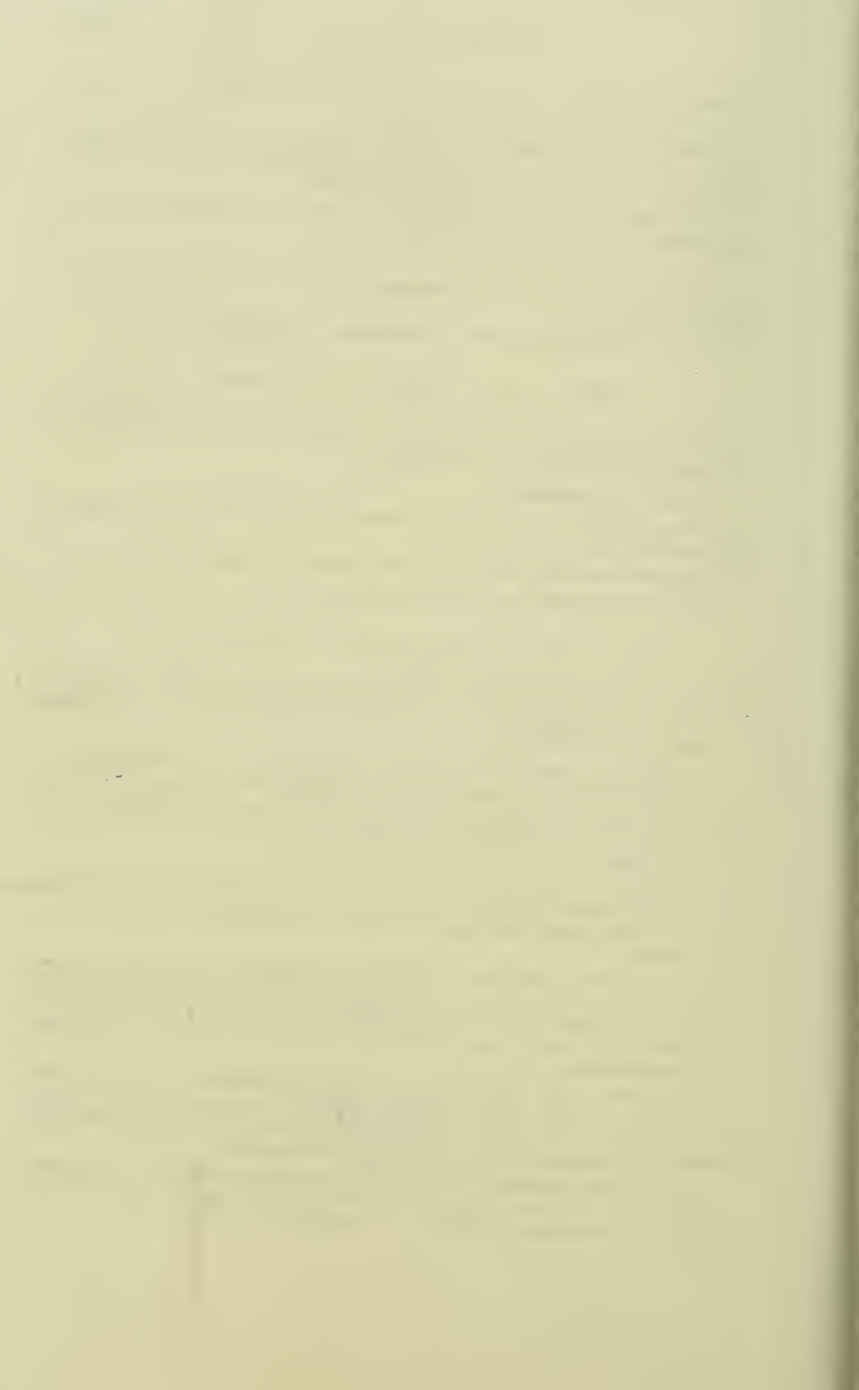
1. Record the action of the sympathetic on the heart. Demonstrate the progressive spreading of impulses in the central nervous system. Record curves showing the influence of changes in the aortic pressure on the interval between the beginning of ventricular contraction and the opening of the semilunar valves (in the artificial scheme).

2. Demonstrate that the cardiac systole is a simple and not a tetanic contraction. Show the influence of load on the work done by the skeletal muscle. Show where the more complicated coördinated reflex acts have their centres.

3. Show evidence that the ventricular contraction wave may be transmitted by muscular tissue. Prove that the excitability of a nerve is altered in the neighborhood of the anode and the cathode during the passage of the galvanic current. Secure a record of the effect of duration of stimulus on smooth muscle.

4. Furnish experimental evidence for an explanation of the auriculo-ventricular interval. Prove that the galvanic current stimulates during the whole time of its passage through an irritable tissue. Demonstrate the influence of increased load on ventricular contraction.

5. Prove the existence of tonic contraction of muscle. Demonstrate the current of action in muscle or nerve. Give experimental evidence that the vagus connects with the nerve cells in the heart.



6. Demonstrate polar stimulation by the galvanic current. Show the vasomotor functions of the spinal cord. Demonstrate the inhibition of reflex action in the frog.

7. Show the function of the anterior spinal nerve-roots. Record with the artificial scheme pulse curves of low arterial tension and high arterial tension, and discuss their method of production. Contrast diagrams showing the formation of the image (1) in myopia, (2) in hypermetropia, (3) in hypermetropia with a correcting lens.

8. Record the effect of inhibition of the heart on arterial pressure in the frog. Demonstrate on muscle the different effect of sudden and of gradual increase in intensity of stimulus. Prove the discontinuous nature of tetanic contraction.

9. Record the effect of stimulation of the vagus on the beat of the ventricle. Show that all contractions of heart muscle are maximal. Give experimental evidence that a nerve fibre may conduct impulses in both directions.

10. Show by diagram the method of determining the size of a retinal image. Demonstrate the limits of the refractory period and the existence of the compensatory pause. Prove that the demarcation current (current of injury) may act as a stimulus.

11. Record curves showing the influence of temperature on the contraction of skeletal muscle. Demonstrate differences in the physiology of smooth and striated muscle. Show that the control of movements is localized at different levels of the spinal cord.

12. Show that a constant stimulus may cause periodic contraction. Show the influence of fatigue on muscular contraction. Draw a construction showing the formation of the image in the indirect method of observing the retina.

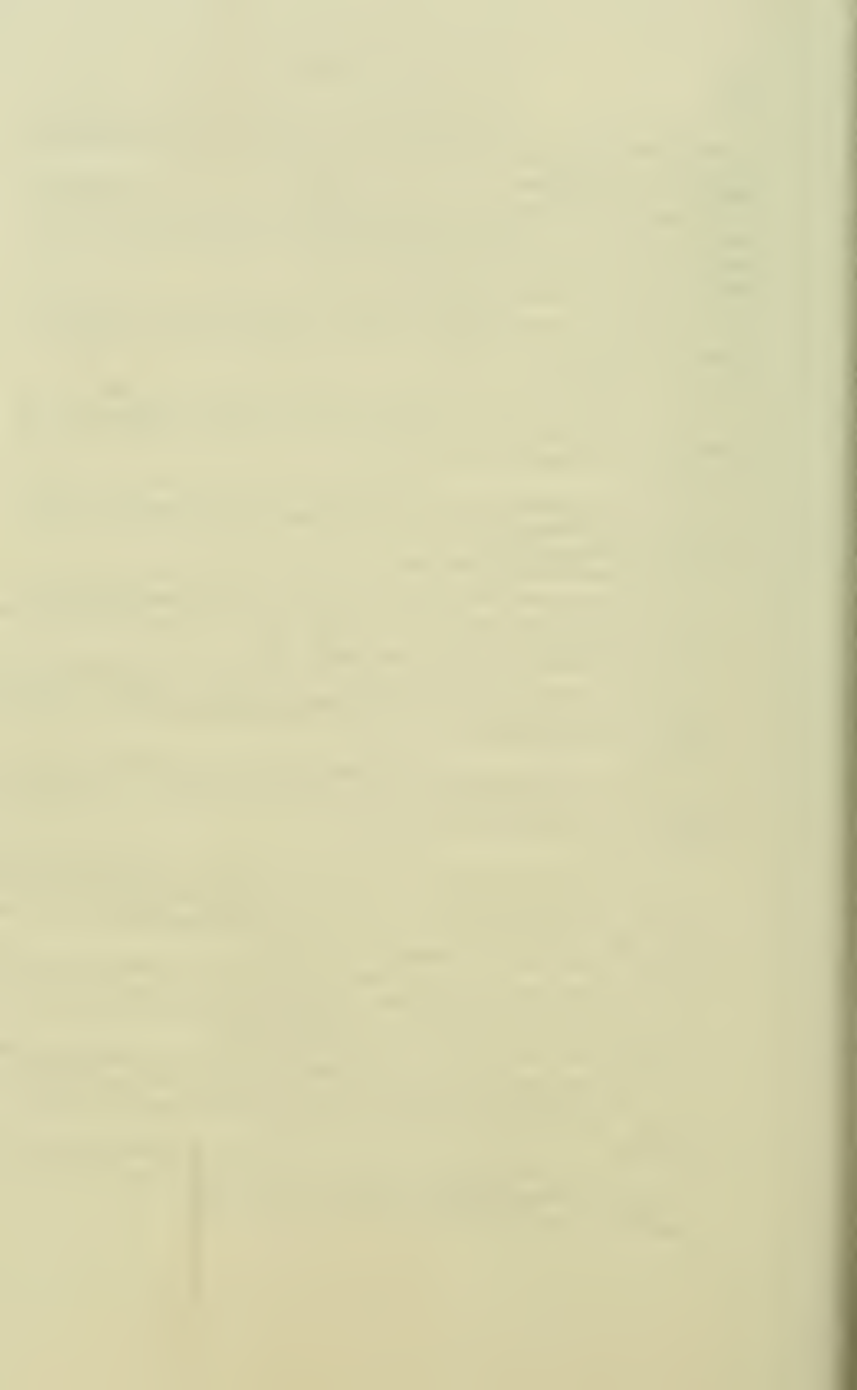
13. Show the segmental arrangement of the reflex apparatus. Draw a diagram showing the course of the rays in astigmatism. Show the influence of an increase in peripheral resistance on the blood pressure in the frog.

14. Prove the independent irritability of muscle. Show experimental proof of the law of contraction with weak, medium, and strong ascending currents. Demonstrate with the artificial thorax the relations between pulmonary and intra-thoracic pressure during inspiration and expiration. State these relations in writing, with diagrams.

15. Compare an isometric contraction with an isotonic contraction. Obtain from the artificial scheme of the circulation a characteristic pulse curve of aortic regurgitation and explain its production. Demonstrate and discuss the apparent purpose in reflex action.

16. Demonstrate that the physiological anode and cathode may differ from the physical poles. Prove that oxidation may be caused by animal tissue. Demonstrate the influence of the sympathetic nerve on the iris of the frog.

17. Demonstrate polar inhibition. Demonstrate the importance of the nucleus in intracellular oxidations. Prove that tonic and simple contractions of the same tissue may occur at the same time.



PHYSIOLOGICAL AND PATHOLOGICAL CHEMISTRY.

Professor WOOD.

1. Describe the proteids occurring in muscle.
2. What are the characteristic differences between nucleic and pseudo-nucleic acids?
3. Enzymes — what are they? How classified? What conditions influence their activity?
4. Describe hemoglobin — its compounds and derivatives.
5. What are the sources of sulphur in the economy? In what forms is sulphur excreted in the urine?
6. What forms of acid substance are found in a contents removed from a normal stomach one hour after a test meal? Describe the method of determining the presence of combined acid in a contents when a free acid is present.
7. Mention all kidney diseases in which we may find fatty renal cells and fat globules, free and on casts, in the sediment.
8. What are the characteristic differences in the urine of a case of typhoid fever and of a case of meningitis?
9. What is the character of the urine and sediment in a case of catarrhal nephritis?
10. Discuss the following specimens of urine, giving reasons for the inferences which may be drawn from them: —

CASE A.

Normal color. Very acid. Sp. Gr. = 1021. Slight sediment.

Uph. = n.	$\bar{U} = 1.9\%$	Cl. = 0.642%	E. P. = n.
Ind. = n.	$\bar{U} = 0.058\%$	Sf. = n.	A. P. = sl. —.

Albumin = slightest possible trace. No bile or sugar.

Sediment = an occasional hyaline and finely-granular cast, mostly of small diameter, and rarely one with a blood globule and renal cell adherent. Very rarely a free blood globule and renal cell.

Amount of urine	in 24 hours = 1700 cc.
“ “ urea	“ “ “ = 32.30 grms.
“ “ uric acid	“ “ “ = 1.15 “
“ “ chlorine	“ “ “ = 10.91 “
“ “ phosphoric acid	“ “ “ = 2.29 “

11. CASE B.

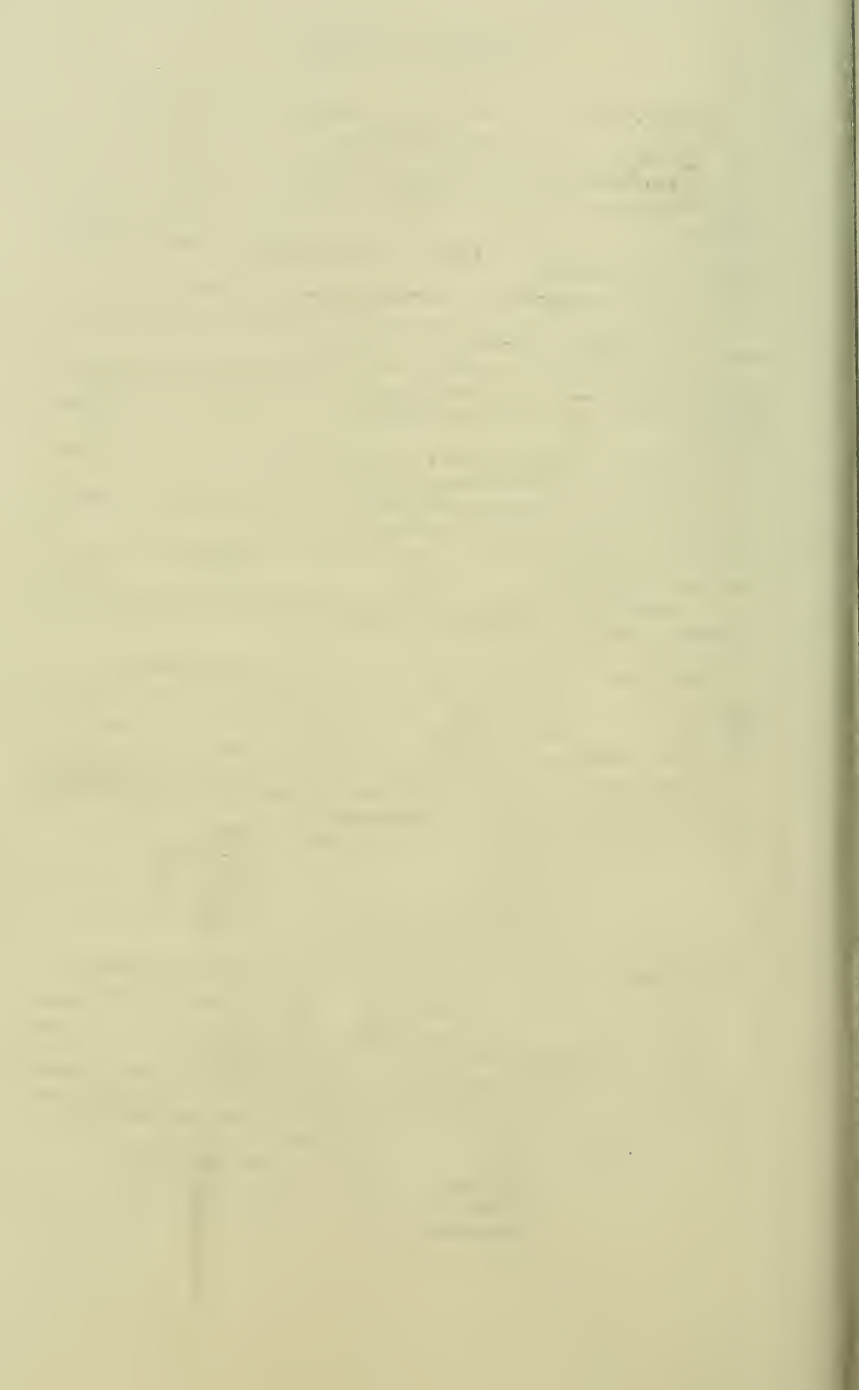
High color. Very acid. Sp. Gr. = 1031. Considerable sediment.

Uph. = n.	$\bar{U} = 2.74\%$	Cl. = 0.945%	E. P. = n.
Ind. = n.	$\bar{U} = 0.079\%$	Sf. = n.	A. P. = n.

Albumin = slightest possible trace. No bile or sugar.

Sediment = numerous uric acid crystals. Hyaline and finely-granular casts, mostly of small diameter, and some with few blood globules and renal cells adherent. An occasional free blood globule and renal cell.

Amount of urine	in 24 hours = 840 cc.
“ “ urea	“ “ “ = 23.02 grms.
“ “ uric acid	“ “ “ = 0.664 “
“ “ chlorine	“ “ “ = 7.95 “
“ “ phosphoric acid	“ “ “ = 1.34 “



12. By what method is the existence of anaemia best determined? How can you determine the existence of leucocytosis in an examination of a stained specimen? How determine the type of leucocytosis?

Second Year Studies.

BACTERIOLOGY. — Professor ERNST.

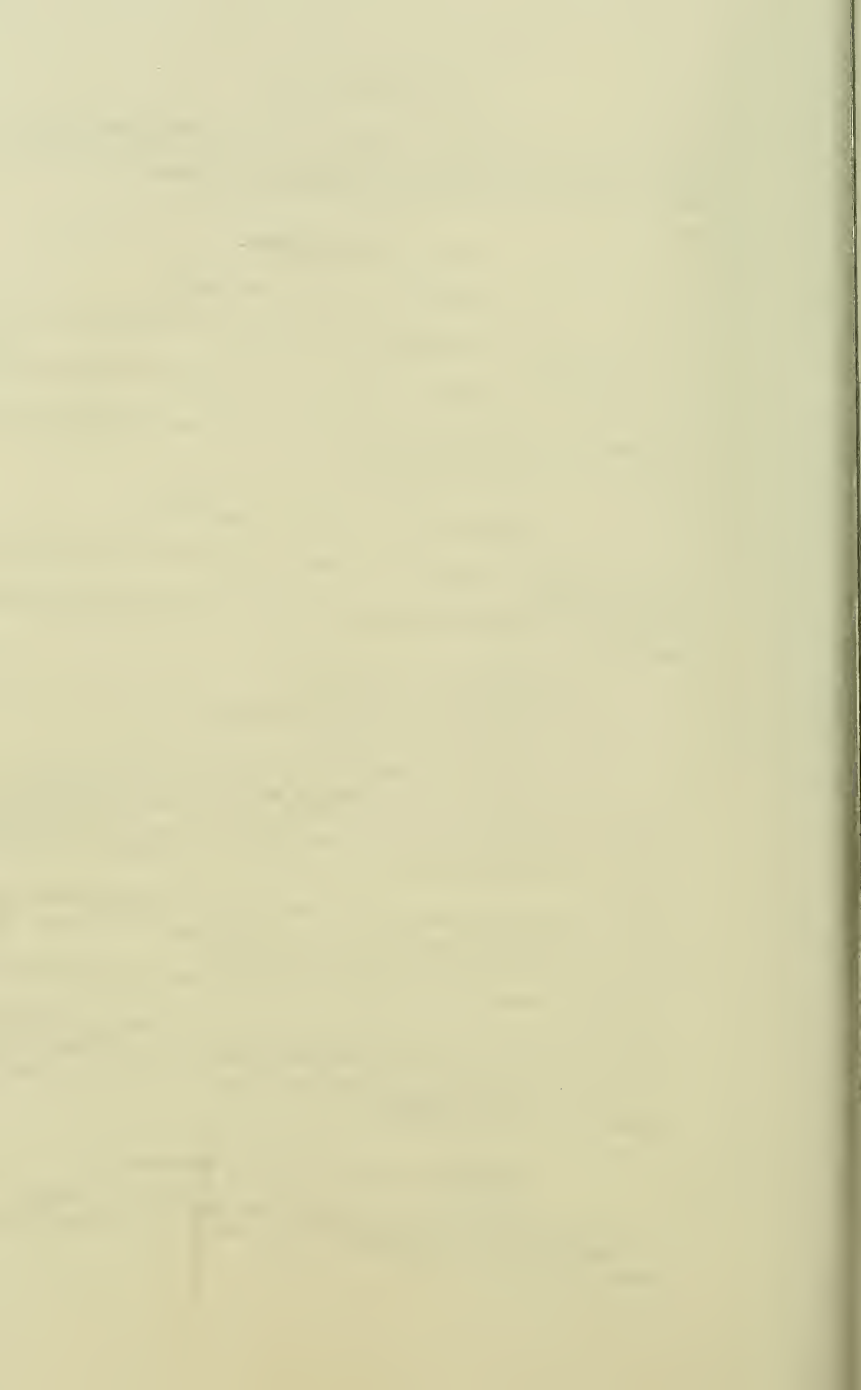
1. Describe the morphological and biological characteristics of *B. typhosus*.
2. What are the methods of making the agglutination test in typhoid fever?
3. Describe the morphology and methods of staining of *M. gonorrhoeae*.
4. How are antitoxines produced?

PATHOLOGY. — Professor COUNCILMAN.

1. Define gliosis. In what ways does early gliosis differ from gliosis of long standing?
- 2 and 3. Give differential diagnosis of the following forms of intestinal ulceration: —
 - (a) Typhoid.
 - (b) Tuberculous.
 - (c) Peptic (where does it occur)?
 - (d) Carcinomatous (where most common)?
 - (e) Amoebic.
 - (f) Dysenteric, *i. e.* produced by bacillus dysenteriae.
4. In a case of myelogenous leucaemia describe the macroscopic and microscopic appearances of (a) the blood, (b) the liver, (c) the spleen.
5. Describe macroscopic and microscopic appearances of the kidney in acute interstitial non-suppurative nephritis. Under what conditions is it found?
6. Describe the anatomy and bacteriology of acute broncho-pneumonia.
7. Give the pathological anatomy of emphysema of the lungs. What effects may it cause on the circulation and how?
8. What constitutes a tumor? How do you distinguish one tumor from another?
9. Discuss fully the various conditions of environment, natural and artificial, which may favor or restrict the transmission of animal parasites.
10. What kinds of injuries may result from the presence of intestinal parasites. Give illustrations.

HYGIENE. — Asst. Professor HARRINGTON.

1. What is the actual daily proteid requirement of the system?
What amount of proteid matter is contained in average beef, fish, milk, wheat, and peas?



2. What evidence can be cited that milk produced under the usual unsanitary conditions influences infantile death-rates?

What measures would you recommend to secure a wholesome milk supply?

3. What is "sewer gas"? How does the air of a properly constructed sewer differ from that of confined inhabited spaces?

4. What influence has continued fog on the morbidity and mortality rates of a densely populated city? Why is the presence of a person afflicted with pulmonary tuberculosis a menace to the health of others in crowded workshops?

5. What influence is exerted by vegetation on soil moisture? on soil temperature?

What is the difference between a soil's capacity for water and its water-retaining capacity?

6. What influences bring about the so-called purification of streams?

In its passage through the upper layers of the soil, what changes occur in the character of a water rich in organic pollution?

7. Why is corrosive sublimate not a suitable agent for disinfecting human excreta?

What agents can properly be employed for that purpose?

8. In the event of a sudden extensive outbreak of typhoid fever in a city, what steps would you take to discover its cause?

What classes of occupations are recognized as most distinctly dangerous to health?

Third Year Studies.

MATERIA MEDICA AND THERAPEUTICS.—Asst. Professor PEAFF.

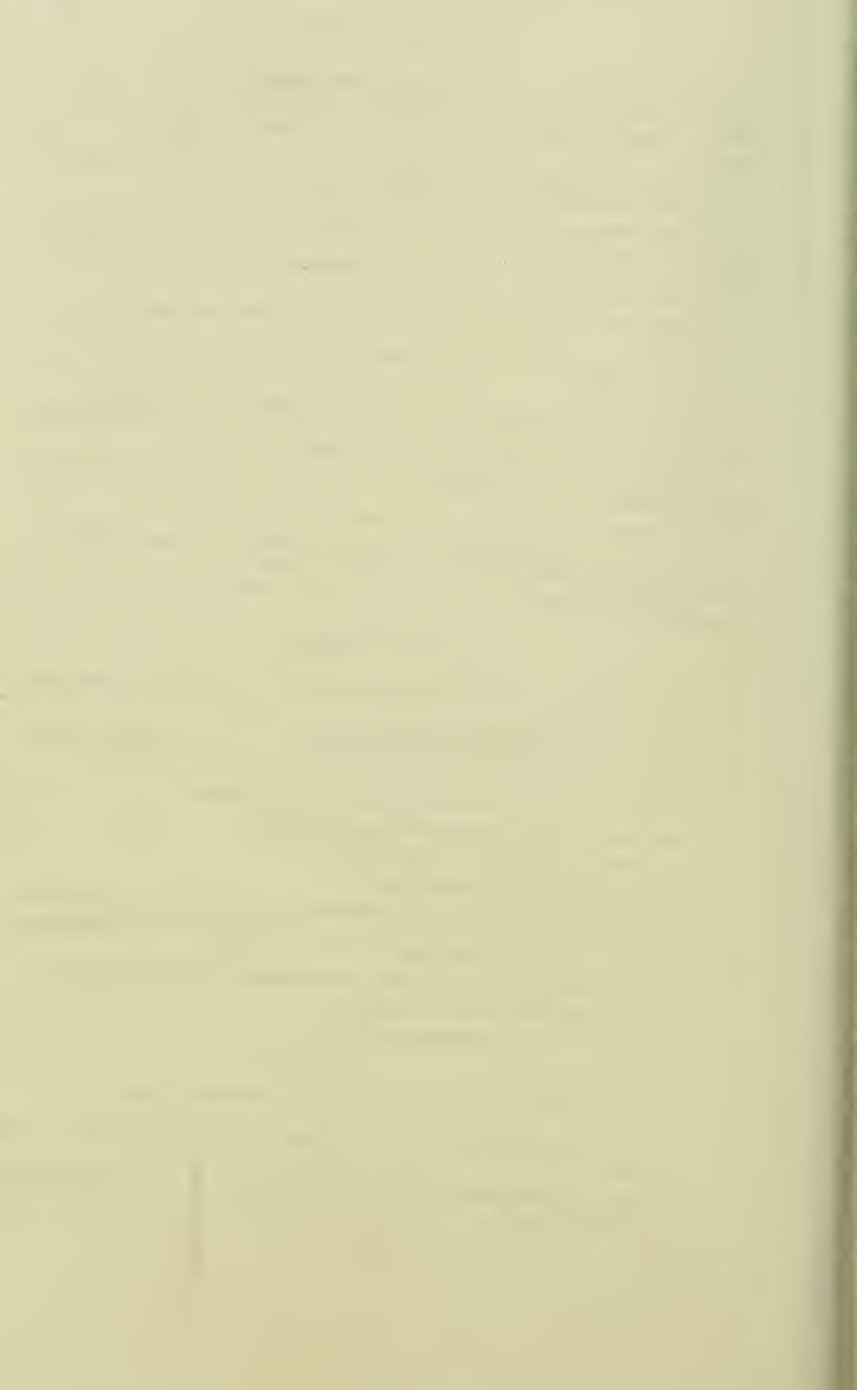
[Conditioned men should answer all the questions.

Students taking the examination for the first time should answer as fully as possible question No. 6 and omit question No. 8.]

1. Pharmacological action of strychnine and its uses.
2. State the local and general action of arsenic.
3. Action of thyroid extract and its uses.
4. Action and uses of homatropine.
5. Write prescriptions for the following, avoiding abbreviations, and give directions in full to the patient: (*a*) dionin, (*b*) nitro-glycerine, (*c*) argurin, (*d*) atropine sulphate.
6. General methods of treatment of stomach and intestinal diseases.
7. Pharmacological action of alcohol.
8. Uses of salol and stramonium.

THEORY AND PRACTICE.—Professor FITZ.

1. The relation between infection, intoxication, inflammation, and fever.
2. The conditions under which auto-intoxication is supposed to occur. Give examples.



3. Discriminate between a primary and a secondary anaemia.
4. Diagnosis and treatment of intestinal perforation in typhoid fever.
5. Diagnosis and treatment of pyopneumothorax.
6. Diagnosis and treatment of dilatation of the stomach.
7. Differential diagnosis of ascites and tubercular peritonitis.
8. Differential diagnosis of prevesical phlegmon and haematoma of the rectus abdominis.
9. Treatment of uraemia.
10. Method of origin of renal dropsy and its treatment.

CLINICAL MEDICINE. — Professor SHATTUCK.

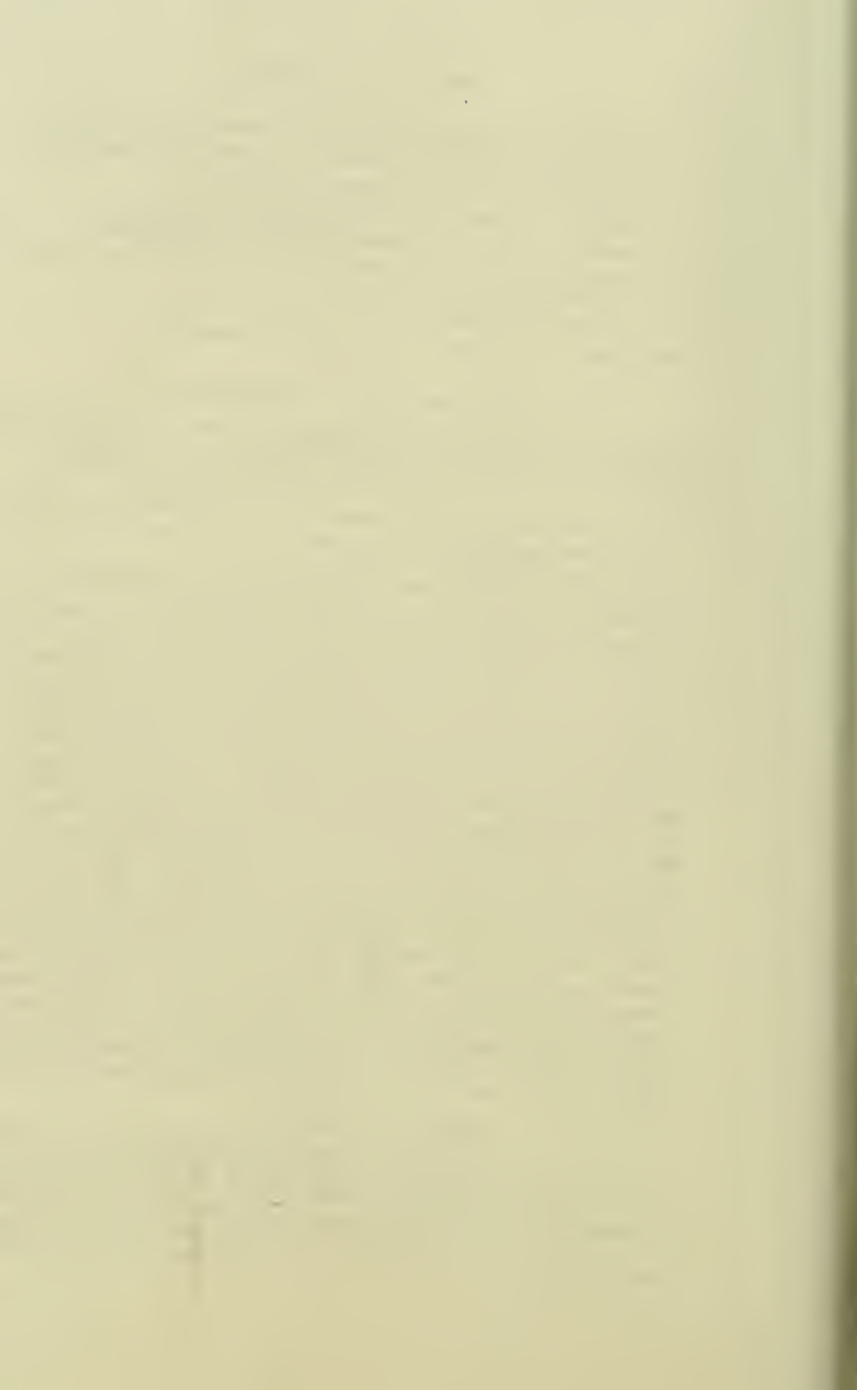
[Discuss these cases in the order in which they are arranged. Assume that symptoms not mentioned are wanting; but as omissions, intentional or not, may occur, state them if essential. The intelligent discussion of the case will have more weight than a hasty and inconclusive though correct diagnosis. Write out all prescriptions in full.]

CASE 1. — A plumber of 40, married, is seen March 22. His family and previous history and habits are all good. He had clap many years ago with good recovery.

One year ago he had an obstinate cough with expectoration (not examined) and a "patch" in his right lower front chest. He went to Florida and recovered entirely. About two months ago he noticed swelling of the face and neck, especially in the morning, and had to enlarge his collars. His friends said he was getting fat but his weight was somewhat less than in the summer. Stooping caused headache, a slight choking sensation, and swelling of the veins of his face and neck. After some weeks he had fever and malaise and sent for his physician who found swollen and very tender glands(?), especially on the left side of the neck. In the course of a week or so the tenderness and fever disappeared and the swelling diminished. He felt so well generally that he resumed work. Recently the swelling of the face and neck have returned and are more marked on rising. The left arm has also swollen without pain or tenderness. He has had several nose bleeds lately with relief to his head. Yesterday his temperature was 101.4°, and today 99.6°. Pulse 80, regular. The appetite, digestion, bowels, and sleep are normal. He breathes easily with the head low. The eyelids are said to have been puffy but are not so now. The face, neck, and upper part of the thorax are all somewhat swollen and hyperaemic. The veins of the arms and their valves, especially on the left side, are very distinct. The swollen veins are markedly dilated in the left lower axillary region and along the right diaphragmatic attachment. Visceral examination, the nervous system, and the urine are all negative, also the throat. The voice is clear. No glands in either axilla or groin. A blood examination shows nothing important.

Diagnosis? Prognosis? Treatment?

CASE 2. — A steam fitter, 25 years old is seen March 25, 1905. The following facts were obtained from the physician in attendance. One brother died of phthisis, otherwise the family history is good. Venereal disease is denied. Though temperate before, he has used alcohol to excess during the past winter. Never robust, he was in his usual health up to March 1, when he began to complain of headache and sleeplessness. The former

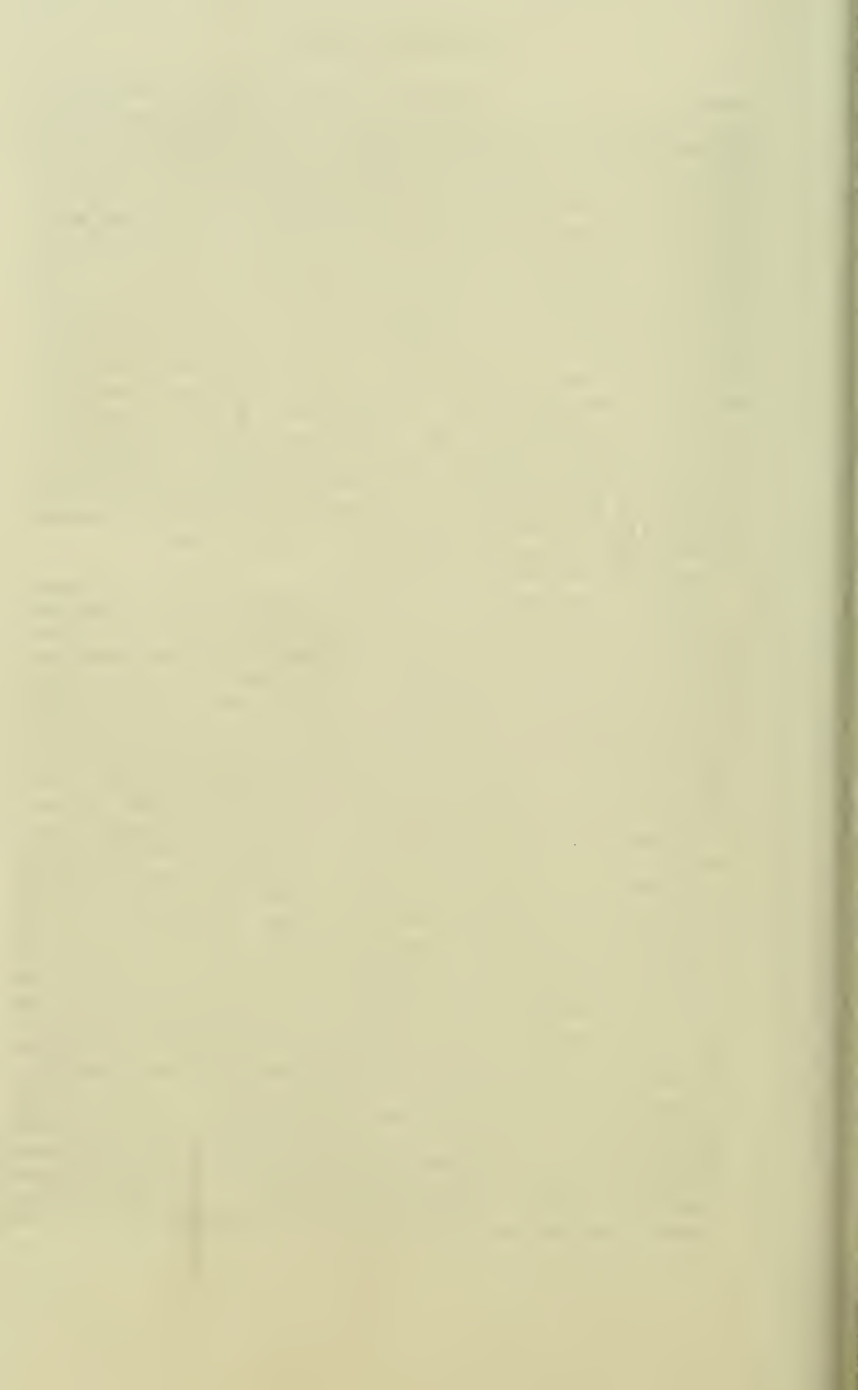


became so severe that on March 12, he sought medical advice and two days later he was compelled to give up work. He became feverish, and the headache, which he located in the vertex, became intolerable. He has had nausea but no vomiting. For the past two days he has been delirious, and for the past twenty-four hours he has had incontinence of urine. When he first came under observation his temperature was normal, but for the past four or five days it has been elevated and irregular, but never over 102° . The pulse has varied from 54 to 70, is regular and of good quality. A count made March 21 showed 9000 leucocytes, to-day 2500. Widal, negative. Urine 1026, acid, no sugar, slightest possible trace of albumen; sediment contains an occasional hyaline cast, with renal cells adherent and numerous fresh blood corpuscles. Physical examination shows a thin man with rather deficient muscular development, apathetic, somewhat delirious. He replies to questions, but at random, and has little realization of his surroundings. Face flushed. Pupils equal, dilated, and react very sluggishly to light. Examination of fundus shows nothing important. No strabismus. The neck is somewhat rigid and the head is retracted, but not to a marked degree. Heart normal. Examination of the lungs is difficult owing to lack of assistance from the patient, but there is dulness at the right apex with prolonged, high pitched expiration and occasional fine, crackling râles on inspiration. The abdomen is retracted. The knee-jerks are normal, no Babinski, no paralysis made out.

Diagnosis? Prognosis? Treatment?

CASE 3. — A manufacturer, 35 years old, is seen May 28. His father and sister died of phthisis, otherwise the family history is negative. While never strong he has been able to successfully attend to a large and exacting business. Three years ago he suffered from aestivo-autumnal malaria and was ill for several weeks. Since then he says that he has been treated several times for malaria. Last December he began to feel run down, but kept at work, with the exception of an occasional day, until the latter part of March when he went south to recuperate and remained there two weeks. His appetite and strength improved somewhat, but on his return, on the morning of April 8, after an elaborate dinner in New York, he complained of nausea and flatulency and felt feverish. He went to bed where he has since remained. The digestive disturbance has continued. He has vomited occasionally and has had a half dozen loose movements a day, nearly black in color, probably the result of bismuth which he has taken at frequent intervals. During the last few days he has noticed a slight cough without expectoration. The temperature chart shows a wave-like curve in which the morning record gives a normal temperature every nine or ten days, where it remains for from one to three or four days, after which it gradually rises for four or five days to 102° or 103° , and then as gradually falls. The evening record follows the morning curve quite closely, but has rarely gone below 100° . The temperature is always higher at night, and often during the periods of morning apyrexia rises as high as 103° . He has lost greatly in strength and flesh.

Physical examination shows a man much emaciated and weak, requiring help when he desires to move in bed. Sensorium free. Both cheeks are slightly flushed. There is dulness over the left front down to the third rib and in the left supra-spinous region, with broncho-vesicular respiration and increased voice sounds. There are numerous high-pitched, moist râles at the end of inspiration over the dull area. The heart sounds are normal. The hard smooth edge of the spleen is felt two inches below the



costal margin. Liver is normal. Abdomen is distended, tympanitic, somewhat tender everywhere, but especially in right iliac fossa. Pulse 112, weak and thready. Respiration 24. Leucocytes 12,000. Widal is positive in dilution $\frac{1}{60}$, but not higher. Blood culture shows no growth. Examination of the stools showed bacillus of tuberculosis, *B. typhosus*, *B. colicommunis*, streptococcus pyogenes, staphylococcus pyogenes albus. Urine 1018, acid, slight trace of albumen, a few hyaline and fine granular casts, amount 60 oz.

Diagnosis? Prognosis? Treatment?

PEDIATRICS. — Professor ROTCH.

[More credit will be given to an intelligent discussion of the case than to a correct diagnosis unsupported by such discussion.]

1. Discuss the following case and give the differential diagnosis, prognosis and treatment:—

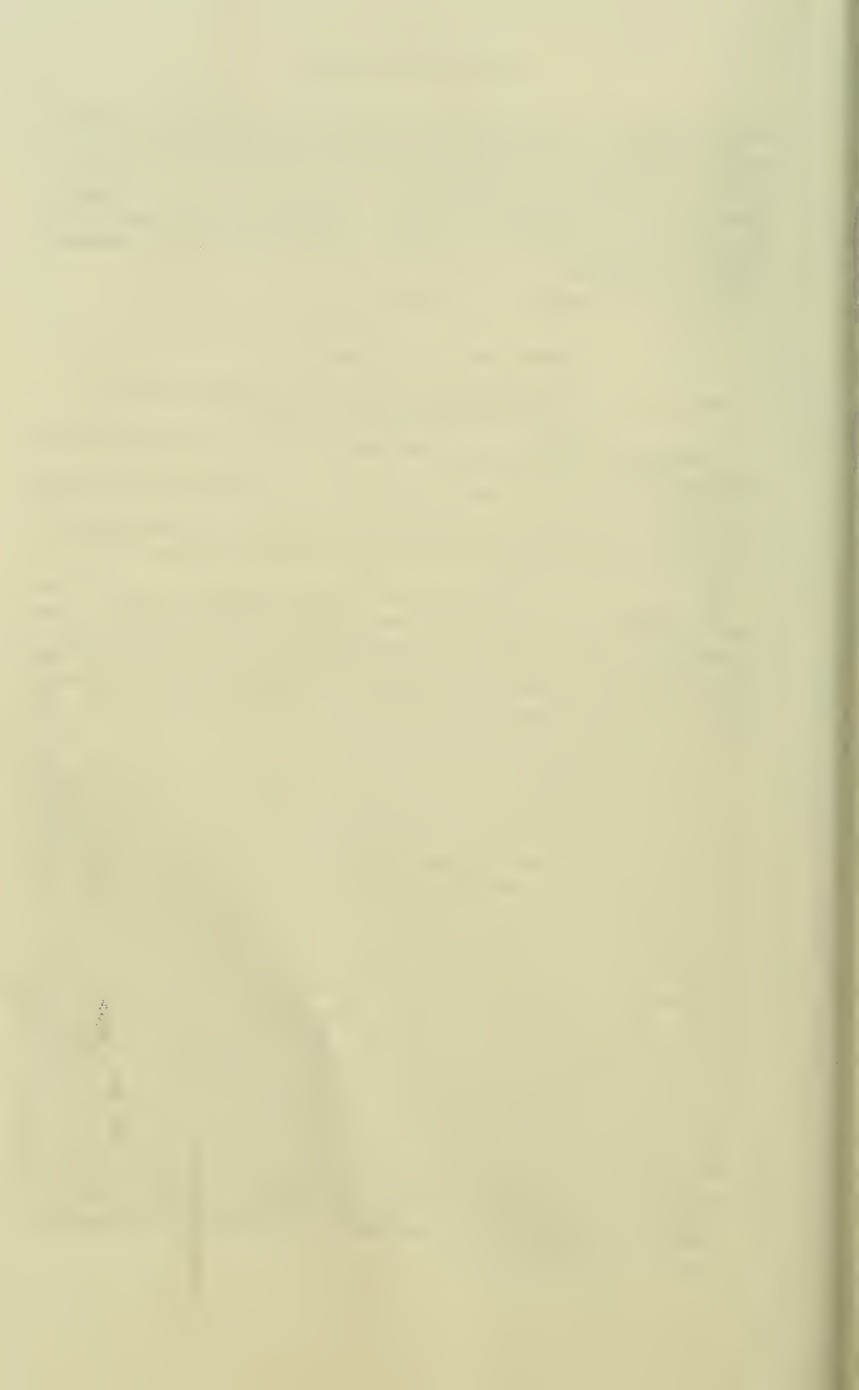
Clarence N., 7 months old, was admitted to the Infants' Hospital on May 20th.

He was an only child of healthy parents. There was no tuberculosis in the family. He had always been fed on breast milk and had done very well.

The history was very unsatisfactory. He had apparently been taken rather suddenly sick on May 11th with fever and cough. The fever had continued. The cough had not been severe. The bowels were loose at first, but had not moved during the last five days. He had vomited constantly up to the last two days. The mother said that he had had "fainting fits" since the beginning, having had 11 in the last twenty-four hours. He had slept poorly, often groaning all night. He had kept his right leg partially flexed during the last twenty-four hours.

Physical examination. He was fairly developed and nourished. His color was fair. The level of the anterior fontanelle was slightly above that of the surrounding bones. It was 3.5 cm. in diameter. The posterior fontanelle was open. There was slight craniotabes. The parietal and frontal eminences were enlarged and the head was flattened on top. The membranae tympanorum showed nothing abnormal. There was internal strabismus on the left. The pupils were equal and reacted to light. He did not notice. There was no facial paralysis. There were no teeth. The throat was normal. The tongue was dry and somewhat coated. There was a slight rosary. The heart and lungs were normal. The level of the abdomen was a little below that of the thorax; the walls were somewhat rigid. The lower border of the liver was palpable 2 cm. below the costal border. The spleen was not palpable. There was no retraction of the head or rigidity of the neck. There was slight enlargement of the epiphyses at the wrists and ankles. There was no spasm or paralysis of the arms. There was no paralysis of the legs, but there was a tendency to hold the thighs flexed on the body and the legs on the thighs. The knee jerks were equal and very lively. There was no ankle clonus. Kernig's sign was absent. The genitals showed nothing abnormal. The cervical and inguinal lymph nodes were slightly enlarged. The temperature was 100.2° F., the pulse 110, the respiration 35. The white corpuscles numbered 23,200.

The urine was high colored and acid. It contained no albumen but a large amount of urates.



2. Compare the prodromal symptoms of measles and scarlet fever.
3. The diagnostic points which would indicate a strong probability of acute lobar pneumonia in an infant or young child when signs of consolidation are not demonstrable?
4. A breast fed infant of four months is not gaining in weight. It is happy, sleeps well, has no colic and does not vomit. The bowels move but once in two days. The movements are small, hard, light-yellow, contain no abnormal constituents and have but little odor. Give diagnosis and treatment.
5. Signs and symptoms of acute rheumatism in early life?
6. On what principles is the use of whey, in the preparation of an infant's food, based?

SURGERY.—Professor WARREN.

1. Give in full the diagnostic symptoms of caries of the spine.
2. Give the symptoms of hemorrhage and shock.
3. Give the symptoms, diagnosis, and treatment of anthrax.
4. Give the symptoms, prognosis, and treatment of burns.
5. Describe the mechanism of a Colles' fracture and give the treatment.
6. Give the symptoms and treatment of hemorrhoids.
7. Give the causes and treatment of acute obstruction of the intestine.
8. Give the symptoms and treatment of acute pancreatitis.
9. Name the benign and malignant tumors of the breast.
10. Give the symptoms of general peritonitis.

CLINICAL SURGERY.—Professor BURRELL.

[Case 1 should be answered at considerable length. Cases 2, 3, and 4 should be answered briefly.]

CASE 1.—A stockbroker, 26 years of age, single, had been feeling "seedy" for a few days. At 11 P.M. he began to vomit and had severe abdominal pain. Had been chilly during the previous day but had not had a rigor. Temperature was 101, pulse 110. Abdominal pain, tenderness and spasm referred to the right side of the abdomen. The patient, although athletic, had a muddy complexion and a slightly coated tongue. No tumor mass was felt. Resistance was principally over the right rectus muscle.

Discuss the case; give the differential diagnosis. What is the prognosis? What is the treatment?

CASE 2.—A single woman, 58 years of age; painter. Six months ago had influenza, and following this a swelling appeared in the right side of neck just to the inner side of the carotid artery. This has not been uncomfortable until within a short time, when there has been a little discomfort. There is an ovoid shaped tumor $2\frac{1}{2}$ inches in length and $1\frac{1}{2}$ inches in thickness, which is deeply situated and is apparently beneath and around the right carotid artery. Just above this mass there is a smaller tumor the size of a hazel-nut. The mass is not tender. The patient is

very apprehensive. Seen again in a fortnight; tumor had increased at least one-fifth in size.

What is the diagnosis? What is the treatment?

CASE 3. — An architect, 47 years of age, in walking across a plank in a building that was being erected, slipped and fell, the board on which he was walking striking him between the thighs. Was faint for a time and vomited once. He walked to a trolley car and rode to his office. The pain which was referred to the thighs became severe and he was driven home in a carriage. There is an ecchymosis on the inner side of the right thigh extending on to the perineum. Any movement in bed is painful and guarded.

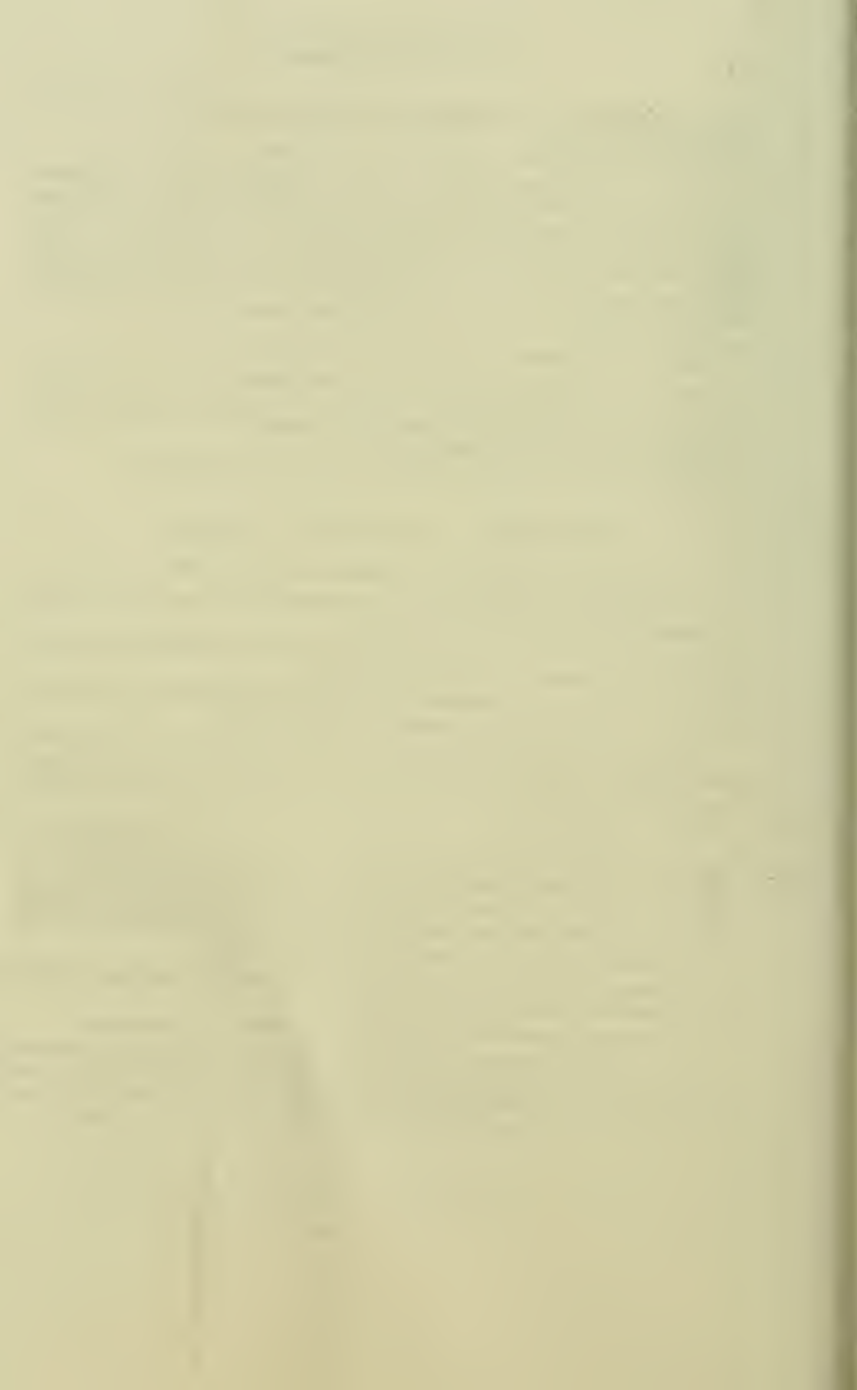
What is the diagnosis? What is the treatment?

CASE 4. — A single woman, 40 years of age, tripped on a rug and fell, striking on the outer side of her left thigh. She was assisted to her feet, found that she could not walk, and was taken home in a carriage. Her left leg lay everted and slightly flexed.

What examination would you make? What is the diagnosis?

OBSTETRICS. — Professor W. L. RICHARDSON.

1. Treatment of miscarriage: threatened and inevitable.
2. Enumerate some of the danger signs which may appear during pregnancy, and state their significance.
3. What may be learned from the inspection, palpation and auscultation of the pregnant abdomen at full term?
4. What are the symptoms of threatened ante-partum eclampsia? Describe treatment, giving reasons for such procedure.
5. When the head, presenting O.D.P., has descended within the pelvis, what factors are essential to the anterior rotation of the occiput? In the absence of these factors, or of any one of them, what treatment should be employed?
6. A multipara, early in the first stage, is found by inspection and palpation to present the foetus Sc.L.A. The membranes are unruptured, and the os internum admits two fingers; no part of the foetus can be reached. What may result if the case is left to progress without interference? What treatment would promote the safety of mother and child?
7. Diagnosis and treatment of hydatidiform mole.
8. Name the three most common causes of a rise in temperature during the puerperium and give the treatment.
9. Etiology, prognosis and treatment of ophthalmia neonatorum.
10. A primipara has been twelve hours in labor. Pulse 80, foetal heart 130. Crests 27 cm., spines 24 cm., external conjugate 19 cm. The head is well engaged, the membranes are unruptured, and the anterior lip is all that is to be felt of the cervix. Treatment?



GYNAECOLOGY. — Asst. Professor DAVENPORT.

1. What are the two principal forms of vaginal specula? Describe their respective advantages and disadvantages.
2. Causes of prolapse of the uterus.
3. Treatment of dysmenorrhoea due to ante-flexion of the cervix.
4. What is an erosion of the cervix, and how would you treat it?
5. Describe briefly the operation of supra-vaginal hysterectomy.

DERMATOLOGY. — Asst. Professor BOWEN.

1. Describe the clinical appearances of a typical case of scabies and give full directions for treatment.
2. Enumerate, and describe briefly, the four important forms of cutaneous tuberculosis.
3. With what other affection or affections may an erysipelas of the face be confounded, and what are the points of differential diagnosis.
4. A girl of 7. Psoriasis of several months' duration. Numerous isolated, nummular and annular lesions, scattered over the trunk and extremities. The scalp is moderately affected. Treatment?
5. Describe a case of alopecia arcata.

SYPHILIS. — Dr. POST.

1. A man with multiple sores upon the genitals, supposed to be of venereal origin, applies to you for diagnosis. What signs and symptoms would lead you to think the case one of primary syphilis?
2. Describe the common lesions of the scalp.
3. Describe the papular eruptions of mucous membranes.
4. What risk does an apparently healthy woman run in nursing her own syphilitic child?
5. What symptoms would enable you to make a diagnosis of inherited syphilis in a baby of three months which showed no lesions of the skin?

NEUROLOGY. — Professor PUTNAM.

1. Give the causes of hemiplegia.
2. Give the different clinical bearings of paraesthesia of the hands.
3. Discuss the following case:—

The patient is a married man, of 61, who had been a good worker and had been obliged to endure financial losses, in spite of which he had enjoyed good health, except for occasional attacks of "muscular rheumatism," and of occasional feelings of distress across the chest, associated with numbness of the right arm. This latter symptom had usually followed slight excess in exercise.

On November 7, while sitting quietly at home, he was seized with a sharp pain across the chest, spreading toward the right side. This passed away and he awoke next morning free from discomfort. While taking his

bath, however, he was again seized with the pain in his chest, which this time was rather toward the left side, and quite severe. After resting for a moment, he got up and tried to walk, but found his left arm and leg helpless, and fell to the floor. After half an hour, the pain in the chest returned in a more severe form than before and lasted three hours. The paralysis of the left arm and leg passed away after a few hours, but he then found that the sensibility of the skin over the whole left half of the body was greatly impaired, so that he did not feel the prick of a pin. The face was less affected than the limbs, but the mouth was drawn slightly to one side and the speech was not clear. He lay in bed three weeks, suffering a good deal from indigestion, constipation, and poor sleep. He can now move the left hand and fingers freely and rapidly, but unless he looks at the hand, he cannot easily button his clothes with it, and is liable to drop objects which he has picked up. He also makes mis-steps in going down stairs, from lack of a sufficient sense of the relationship between his foot and the step, and when the eyes are closed the movements of the left arm and leg are somewhat ataxic. Nevertheless, on casual inspection these movements seem practically normal.

On February 2, that is, three months after the onset of the paralysis, and in the early morning after a day of mental fatigue, he suddenly felt his left hand "get away from him" and begin to execute violent movements which he was wholly unable to control. After this attack had lasted half an hour, he lost consciousness completely for a time, and three days passed before he was able to use his hand as well as before. About a month later he had another similar attack. This time the convulsion lasted an hour and a half before consciousness was lost, but on recovery he felt better than at any previous time since he was taken sick.

At present, he feels well enough, except for an unnatural itching sensation which is referred to the entire left side of the body. There is also a sense of fulness at the back of the head, and indeed this has been present ever since the first attack.

A physical examination gives the following results: Inspection of the pupils, eye movements, face, and tongue reveals nothing abnormal. The examination of the heart shows a sharp accentuation of the second aortic sound, but no material increase in the area of dulness. The radial arteries are tense. The knee- and ankle-jerks are moderately increased. An examination of the sensory function shows that, besides the impairment of the sense of position above noted, the patient has a marked astereognosis of the left hand, associated with a striking impairment of the sense of contact. At the same time, changes of temperature, in the direction of either heat or cold, are recognized quite as readily with the left hand as with the right. Similar, but less marked disorders of sensibility are present for the left foot.

The urine analysis shows essentially normal conditions.

PSYCHIATRY.—Dr. COWLES.

1. In cases of "imperative ideas" describe briefly the reaction between the attention—object, the emotions, and the will.

2. What are the symptoms of nervous exhaustion, mental and physical?

3. What are the differential characteristics of depressive-maniacal insanity and dementia praecox?

4. CASE. — A man; age 27 when admitted to hospital in 1897; heredity good; graduated from college in 1890 with former good health impaired by tuberculosis but improved in Colorado; in business two or three years and then began study in a lawyer's office. Ambitious but became unsocial and increasingly discouraged. In 1895 suddenly accused the lawyer of insulting him by asking for a postage stamp. His strange conduct afterwards caused his arrest and commitment to an asylum. When seen by relatives soon after, he was slow in speech and at times appeared unable to answer questions; once asked "What is the matter with my head?" Became better in the summer, was gloomy again in the fall, and believed that his "case" against his former employer had "never been tried," and went to a distant city to see him but was arrested there a second time. Taken home and improved; in spring of 1896 appeared very well, but in July was worse again; drove to Brookline at midnight to see his uncle for no good reason, but not getting into the house went to the Masonic Temple; said later that he had written to the Masons to help him. Among similar delusions he believed that a mind-reader talked to him, though he did not hear the words, and made him think and do and say things contrary to his wishes. He was sent to a private hospital.

Committed to McLean Hospital in April, 1897; the symptoms continued; he preferred to stay in his room because, as he said, others "are prejudiced against me and see something in me different from others." Repeated his delusions of the mind-reader's power to influence him; thought the mind-reader was connected in some way with the former troubles in the lawyer's office, and that the Freemasons knew about it; wanted to go to see them. In his daily walk he followed every time exactly the same course; at the entrance to the hospital grounds he always turned about and returned to his room in the same way he came, and could not be induced to vary his course. In June, became silent and refused food; he suddenly attacked the nurse, and thereafter frequently did impulsive acts; while generally quiet he sometimes would suddenly jump up and break something. These impulsive outbreaks ceased but continued reticent, and was tube-fed; he thought trivial remarks and occurrences were intended as insults to him. At this time he usually stood or sat in a fixed position, with intense muscular resistance to attempts to move him, and answering no questions. In November and December spoke more freely, — of being poisoned, — and of the mind-reader who made him say vulgar things, swear, etc., which he did not wish to do. His condition did not change materially and he was taken away from the hospital in 1898.

Give diagnosis and prognosis, pointing out the characteristic symptoms.

OPHTHALMOLOGY. — Asst. Professor STANDISH.

1. Acute glaucoma. (a) Prodromic symptoms. (b) Clinical history. (c) Treatment.
2. Convergent strabismus. History. Treatment.
3. What ocular symptoms may occur in a case of locomotor ataxia?
4. The etiology of interstitial keratitis.
5. What are the characteristics of the field of vision in hysterics?

OTOLOGY. — Professor BLAKE.

1. Describe the auricle and its attachments.
2. Describe the three intratympanic ossicles.
3. State the effect of normal, and of excessive, contraction of the tensor tympani muscle.
4. Give the pathology of simple, acute, suppurative inflammation of the middle ear.
5. Describe the appearance on inspection of the normal drum-head, in an adult.
6. Describe the change in appearance incident to thickening and retraction of the drum-head.

LARYNGOLOGY. — Dr. COOLIDGE.

1. The etiology, diagnosis and treatment of nasal mucous polypus.
2. Describe the openings of the accessory sinuses into the nasal cavity.
3. The anatomy of the tonsillar ring of Waldeyer.
4. The appearances and diagnosis of late syphilis of the pharynx.
5. Draw and describe the normal larynx as seen in the laryngoscopic mirror.
6. The causes and significance of interarytenoid thickening.

Fourth Year Studies.

CLINICAL MEDICINE. — Professor SHATTUCK.

[Discuss these cases in the order in which they are arranged. Assume that symptoms not mentioned are wanting; but as omissions, intentional or not, may occur, state them if essential. The intelligent discussion of the case will have more weight than a hasty and inconclusive though correct diagnosis. Write out all prescriptions in full.]

CASE 1. — A manufacturer of large business, 62, a widower of good habits and family history. Was never sick until as below stated. Has been especially confined in the past year and has gained from 164 to 174 pounds in weight. He was seen February 15.

Shortly before Christmas he got somewhat chilled and soon afterward noticed shortness of breath on walking. He took competent medical advice and his doctor states that at that time his urine was negative. The dyspnoea on exertion got no better and substernal pain extending over the arms was soon superadded. This pain was not very severe, came on only during exertion and soon passed away on stopping. About two weeks ago, after a hearty, rapid, and rather indigestible mid-day dinner he was taken at his mill, without antecedent exertion, with a very severe attack of pain as above described. A local doctor was called and his regular attendant sent for. When the latter reached him he was in a cold sweat and seemed alarmingly ill. Pulse 80, regular. After two hours he was driven home 4 miles, arriving with pulse at 80 and temperature at 97.5°. The next day the pulse was 100, temperature 100°, rising to 120 and 102° the next day

or two. There was some bloody expectoration at this time with slight signs of consolidation at the right posterior base. For the past week the pulse and temperature have been normal. When seen February 15 he stated that he felt perfectly well. He looked rather pale, lay in bed with his head low, breathing easily, not cyanotic. The pulse, 80, intermitted occasionally. The artery was soft, tension not high. No oedema of face or legs. The heart was not enlarged to percussion, sounds clear. A few rales without dulness over the left posterior base. Percussion was dull with resistance an inch below the right costal border, but the liver edge could not be felt. The urine, 52 to 54 oz. per diem, contained a decided trace of albumin and a few hyaline casts, sp. gr. 1020, urea 2%.

Diagnosis? Prognosis? Treatment?

CASE 2.—A business man of 58, of good family and previous history, is seen in February. He denies venereal disease.

About a year ago he first noticed that his legs felt cold and that he got more easily tired in the legs than formerly. He passed the summer at the seashore, going daily to town for business. In the fall his legs also felt numb and were weaker still. About December 1 he ceased going to business although he drove out daily. There has been no fever or loss of weight. Except for his weak legs he feels perfectly well. He walks with great difficulty in the room, gait rather spastic. During the past three weeks it has been at times rather hard to start urination, especially when cold. Pulse and temperature normal. Bowels regular. Visceral examination negative. The intellect is clear. The pupils are equal and react to light. Grasp of hands good, no ataxia in hands. Tactile sensation is everywhere normal except at the tips of the big toes, where it seems somewhat blunted. There is little muscular wasting in the legs. There is no tenderness either of the nerve trunks or of the muscles. No fibrillary twitching, though the muscular irritability is increased on snapping with the nail. All movements of the legs and feet can be performed, though feebly. Weakness seems more marked in the extensors than in the flexors. Superficial reflexes are absent, save a slight plantar. The knee jerks are somewhat increased and a slight ankle clonus is present. The urine contains a decided trace of lead, otherwise it and also the blood are normal. Potassio iodide has been of no marked service.

Diagnosis? Prognosis? Treatment?

CASE 3.—A liquor dealer, 47 years old, is seen December 15, 1904. His father died at 67 of "obstruction of the bowels," his mother at 63 of pneumonia. He regularly used whiskey and beer to excess up to 1891 when he had an attack of bloody vomiting after a debauch. He had a similar attack in 1895 and again in 1902. He never was kept in bed more than a few days, and always returned to business within a week. After each attack he gave up all alcohol for periods varying from six months to two years and then relapsed into his former habits. He has suffered for years from digestive disturbances, "sour stomach," which have been much worse during his periods of alcoholism. After twenty months of abstinence he began to drink about three months ago and since then has complained of anorexia, pain, eructation of gas, nausea and vomiting. The pain is located in the epigastrium, comes on ten to fifteen minutes after eating and is relieved by vomiting. On the afternoon of December 11 he vomited a small quantity of bright red blood, and since then he has vomited after nearly every meal, but he has noticed blood only on one other occasion, two days ago, when he threw up nearly a pint. He has

noticed tarry stools for several days. He has recently lost about 15 lbs., present weight 185. Mucous membranes pale. Heart normal in size, action regular, soft systolic murmur at apex, not transmitted. Pulmonic second sound not accentuated. Abdomen tympanitic throughout, slight tenderness on pressure over epigastrium. Liver dulness extends from fifth interspace to two fingers' breadth below costal margin where its smooth edge can be felt. Lower edge of spleen felt on full inspiration. Physical examination otherwise negative. Pulse 100, regular, of good quality. Temperature 98.4°. Urine, sp. gr. 1020, acid, no sugar, no albumen, Hg. 50%, red cells 3,172,000, no nucleated cells. Leucocytes 9200.

Diagnosis? Prognosis? Treatment?

CLINICAL SURGERY.—Professor M. H. RICHARDSON.

[Cases for thorough discussion.]

CASE I.—Woman of 45, married; three children (youngest seven); had always been in good health. Father died at 76 of apoplexy; mother died of cancer of the uterus. No consumption, cancer, or other hereditary disease, in brothers, sisters, uncles, or aunts. Uterine functions normal. Patient seen in consultation on Tuesday, October 18, 1904. No trouble up to the preceding Friday. On that day for dinner she ate oysters, which once before had disagreed with her. Soon after dinner, while at the theatre, she was seized with frightful pain near the epigastrium. She stayed in the theatre until the play was finished. A physician was called who, at eleven-thirty, found her kneeling on the floor in terrible pain. He gave an emetic of hot water with fifteen grains of sulphate of zinc. This produced a little brownish vomitus — perhaps two or three ounces. Then he gave a subcutaneous injection of $\frac{1}{4}$ grain morphia that relieved her considerably. This was followed by $\frac{1}{2}$ grain subsequently. He gave her also a laxative of podophyllin and calomel. She had a fairly comfortable night.

From that time until Tuesday she had no evacuation of the bowels. Very little gas was passed up to the afternoon of Saturday, and after this time no gas whatever. The pain after the first was not sharp, it was simply an uneasy feeling. There was distress in the epigastrium, but the pain was not localized.

On Saturday the abdomen was soft; on Sunday it was less so; on Monday it was tender. There was no increase of leucocytosis. Pulse 65–84. Highest temperature was 99°. Vomiting became easy regurgitation. There was no odor to the vomitus; it was dark and slimy. About one or two ounces at a time were regurgitated. On Monday the stomach was washed out. No tumor or anything else abnormal could be felt *in the abdomen*. The urine was negative.

The surgeon found the abdomen distended, but not rigid. It was everywhere tympanitic. The general condition was fair, neither very good nor very bad. As the result of his examination a definite cause of symptoms was found.

Operation was performed immediately, and the cause of the symptoms quickly and completely relieved. The patient, however, died the next day. The cause of death was shock and exhaustion.

Discuss this case.

What did the surgeon find? On what grounds probably did he operate?

CASE 2. — On Saturday, September 8th, a gentleman of 55 was thrown from his carriage and received a compound comminuted fracture of the left ankle. Two inches of the tibia protruded. The fibula was comminuted. The patient was etherized and the fragments of the fibula were removed. The wound was thoroughly cleansed, drained by means of two small wicks of gauze, and dressed with sterile gauze. The leg was then fixed immovably upon a posterior wire splint. On the following day, Sunday, the temperature rose. On Monday the dressings were changed. There was nothing but an exudation of serum: there was no pus. The temperature came down to 99°; the pulse ranged about 75. The patient remained perfectly comfortable from Monday, the 10th, to Saturday the 15th, when he began to complain of twitching and kicking of the leg. The dressing was then renewed and everything looked well. The swelling about the wound had entirely disappeared. On Monday, the 17th, everything was in good position; but the patient still complained of muscular twitchings, which by that time had involved the arm. They were described as slight muscular spasms. The patient said that he had bitten his tongue. On Tuesday, the 18th, the abdomen was somewhat distended, and the patient vomited. The muscular twitching had extended to the jaws. On the evening of the 18th there was a good deal of rigidity in the muscles of the jaws, and it was difficult for him to talk. He vomited black material. The pulse was throbbing; the temperature subnormal. On the morning of the 19th (Wednesday) when he was seen in consultation, the wound presented an unhealthy appearance. The twitching of the muscles of the leg had thrown the tibia out of position, but the twitching was somewhat less severe than it had been. The temperature was subnormal; pulse 120. There was incessant twitching of the muscles, so that the tibia had protruded through the wound. The patient was vomiting constantly. Every time there was twitching of the limb he had an attack of nausea, with regurgitation of black fluid from the stomach—fluid like coffee grounds. Physical examination showed the jaws fixed; the sterno-mastoids tense. Pulse 120; temperature 96. The leg looked bluish and lifeless—“indolent.” The abdomen was distended. The patient regurgitated constantly a black vomitus.

What is the diagnosis? What the prognosis? What the treatment?

[Cases for Diagnosis. — Please answer in a word or two or in a brief sentence.]

CASE 3. — Man of 57, dentist, gives the following history:—

When he was fourteen years old a boy threw a knife at him. The point struck him in the popliteal space of the left leg. The injury was not a serious one, and the cut immediately healed. He had no trouble whatever at that place for more than 30 years. He said that about seven years before the present visit he got a clot of blood in the popliteal space by sitting with his legs crossed, but for three years he had no trouble with it. Then he was attacked by very severe pain in the popliteal space. For this pain he took morphia frequently subcutaneously, until he got into the habit of taking it. He was a very nervous man, and he took some kind of hypnotic every day. At times he has severe pain in the knee; at other times there is little or no pain; but, as he is in fear of pain all the time, he takes frequently hypodermic injections of morphia. When the pain comes he describes it as “something terrible.”

In the popliteal space is a tumor about the size of a lemon. This tumor pulsates strongly, by stethoscopic examination, and a strong murmur can

be heard. To the fingers there is a thrill. The thighs and forearms are thickly dotted with minute needle-pricks from subcutaneous injections of morphia.

CASE 4. — Spinster of 27, teacher, who had always been well and with a good family history, consulted her physician because her abdomen was getting so large that she felt ashamed to be seen on the street, fearing people would think that she was pregnant. There were no symptoms or signs whatever except the enlargement of the abdomen. For this the physician could find no cause. It seemed to him a simple gaseous distention, for which he prescribed. There was no pain; there was no neoplasm; there was no pyrexia; there were no constitutional symptoms, and no local signs besides the enlargement. The menstrual function was normal; the appetite was good; the bowels were regular.

Four weeks after this patient first consulted her physician she was seized with sudden pain in the abdomen, which became larger than ever. She was somewhat constipated; but the bowels responded to cathartics. The temperature rose to 104° ; pulse to 120. The abdomen became enormously distended—so much so that respiration was seriously interfered with. A local surgeon was called in consultation, but no reasonable explanation for the symptoms could be found. Operation was considered; but as the surgeon had no definite idea of what an operation could accomplish, he advised further study of the case.

The woman had continued her duties as school teacher up to the time when she had the sudden pain and the rise of temperature. Three days later she was seen in consultation by a metropolitan surgeon.

The patient was lying in bed, and her face was the picture of health—clear complexion, bright eyes, and red cheeks. She was evidently suffering considerably, however, from dyspnoea. The abdomen was very much distended. The diaphragm, with the liver, was pushed up so high that the pleural cavity, especially on the right side, was seriously encroached upon. The abdomen was very tympanitic about the umbilicus; the flanks were flat. A wave could be transmitted through the abdomen. Vaginal examination was negative. When the patient was erect a wave was unmistakable.

Three days later, when the patient was fully etherized, the surgeon could find, on the most thorough bimanual examination, nothing by vagina except a doubtful resistance in the posterior cul-de-sac. No tumor whatever could be felt by palpating the patient.

The surgeon made the diagnosis knife in hand. What did he find?

Mention as many possibilities as you please in the order of your estimate of the protatilities.

CASE 5. — A man of 45, the president of a college, had been for years subject to attacks of acute indigestion. He had never been jaundiced. The pain was described as very severe; it was situated in the right hypochondrium, extending in various directions but chiefly through to the back. He was seen November 10, 1904. During one recent attack of pain there had been tenderness in the region of the gall-bladder, with fever. Urine 1028; no albumen; no sugar. He was a large, powerful man, with tenderness in the region of the gall-bladder.

Name the lesion.

CASE 6. — Man of 48, skilled laborer, married. Trouble began in January, 1905, with soreness of the left breast in which he could feel a lump. His attention was called especially to the lump because he felt it

when trying to sleep on the left side. The patient was a very powerful man. He came of a strong family in which there was neither consumption nor malignant disease. The lump in the breast was removed by a local physician on February 22, 1905. After the operation the scar remained tender and painful. In the axilla also there was soreness and pain.

Physical Examination. — About the scar the skin was thickened and reddened, and here and there were small, hard masses — spots of marked induration. One area about the size of a twenty-five cent piece, situated over the sternum, was somewhat adherent to the bone. Enlarged glands could be felt in the axilla. The man weighed two hundred and fifty pounds. Heart, lungs, and kidneys were normal.

Name the disease and indicate the treatment.

CASE 7. — A woman of 57, seen November 14, 1904, presented, through her physician, the following history: —

She had always been a victim to piles, and, in a general way, had what she described as "weakness of the bowels." There never were any abnormal physical signs in the abdomen until this summer, when, after extensive travel in Europe, she began to have in the abdomen discomfort described as "soreness and flatulence." Defecation was difficult, and the stools were ribbon-like. No physician was consulted. The discomfort disappeared, and the patient returned to America. After her return the feeling of weight and pressure in the abdomen reappeared, and her physician in Boston found a mass in the left iliac fossa. This mass was movable, and did not seem connected in any way with the rectum or vagina. The patient was lame and sore in the left side. There were flatulence, tenesmus, and straining. There had been some blood in the stools, but there was no loss of weight. The woman was of slender build, and her color was said to be as bad. The patient herself described her trouble as "a discomfort in the region of the rectum." She said it seemed as if on straining the bowels were coming out. To produce movements, she had to take laxatives in the form of pills. The movements were very small, about the size of the finger. There was no spasm of the intestine, and there were no unusual intestinal sounds.

Physical examination showed some fluid in the abdomen, and in this fluid could be felt movable tumors. Vaginal examination was very difficult, but nothing abnormal could be detected. Rectal examination was negative.

The diagnosis was malignant ovarian tumor, with ascites and intestinal obstruction. An operation was advised, and a very grave prognosis was given; but the surgeon expressed a strong hope that his diagnosis might be wrong.

The abdomen was opened November 23, 1904. The lesion was easily remedied, and the patient was permanently cured. What was the lesion? Mention several possibilities in the order of probability.

CASE 8. — A woman 55 years of age was examined on April 26, 1905, for a persistent haemorrhage from the uterus, with a vaginal discharge. These symptoms had been of two years' standing. There had been moderate pain for two months, during which time there had been loss of weight and strength, and gradually increasing pallor. Complicating the uterine symptoms there had been gradually increasing difficulty in movements of the bowels.

On physical examination no tumor whatever could be felt in the abdomen. Bimanual examination showed a somewhat enlarged uterus with

a mass apparently in the right horn. Posteriorly, on the left, a distinct mass about the size of a lemon could be felt.

Examination under ether was advised, and an exploration was made on May 3d. Under ether the condition in the pelvis just described was verified; but it was impossible to be sure of the nature of the tumor in the uterus or of the nature of the mass in the left side of the pelvis. On opening the abdomen the tumor was found freely movable, non-adherent, with bulging in the right horn. The mass in the posterior cul-de-sac was the sigmoid flexure with a thickening of the meso-colon, and a mass encroaching upon the lumen of the bowel. There was evidence of some connection between the mass in the uterus and the mass in the intestine. Dilatation of the cervix and curetting of the uterus showed that the uterine cavity was filled with soft, friable, pearly masses, which bled freely. The uterine condition was evidently malignant, and was probably the growth known as malignant adenoma. With these facts in mind, and with the abdomen opened, what would you have done?

ORTHOPEDIC SURGERY. — Professor BRADFORD.

1. What are the pathological changes in tubercular disease of the hip joint?
2. Give the principles of treatment of tubercular disease of the hip joint.
3. Describe the chronic non-tuberculous affections of the knee.
4. What is Pott's disease?
5. How is Pott's disease to be treated?
6. Describe the deformity called club foot.
7. Give the difference between infantile and cerebral paralyses.
8. Give the treatment of each.
9. Describe scoliosis.
10. How is torticollis treated?

SYPHILIS. — Dr. POST.

1. What would lead you to think a sore upon the tongue to be a primary lesion of syphilis? For what might it be mistaken? How differentiate?
2. What is the condition of the lymphatic glands during the stage of primary syphilis and what is their value in diagnosis?
3. What are the general distinctions between early and late skin lesions in syphilis?
4. What peculiarities would lead you to suspect congenital syphilis in a young person between ten and twenty years of age?

OTOLOGY. — Professor BLAKE.

1. Describe the auricle and external auditory canal.
2. Describe the bony labyrinth and give its position in the temporal bone.
3. What are the effects produced by contraction of the stapedius muscle?

4. What changes result from prolonged closure of the tympano-pharyngeal tube?
5. Give the subjective and objective symptoms in a case of acute congestion in the middle ear in a child.
6. Give the pathology of suppurative disease of the middle ear.

LARYGOLOGY. — Dr. DeBlois.

1. "Nasal diphtheria" and "foreign body in the nose." How do they differ in appearance? How would you treat both cases? Prognosis.
2. In acute sinusitis, what is counterindicated? When should you open into the sinus? Treatment.
3. In paralysis, after diphtheria, how is the voice affected, and what is the prognosis and treatment? Describe condition of pharynx and velum.
4. What is retro-pharyngeal abscess? How does the uvula look? What are the dangers of delayed incision?
5. Differentiate between tuberculosis, syphilis, and carcinoma of the larynx.
6. Draw pictures showing the three forms of oedema of the larynx.

Electives.

ANATOMY. — Dr. WARREN.

Give a description of the structures, including relations, found in a dissection of:—

1. The superior carotid triangle.
2. The front of the forearm.
3. The male perineum.

HISTOLOGY OF THE NERVOUS SYSTEM. — Professor MINOT.

The problem is set of demonstrating the anatomy, histology, and development of all the more important structures, shown in a transverse section of the medulla oblongata in the region of the main olive.

State the methods to be employed to render this demonstration thorough and comprehensive, and indicate briefly the facts of structure to be brought out by each method.

CLINICAL CHEMISTRY. — Professor WOOD.

Toxicology.

Describe in detail the method for the isolation of strychnine from organic mixtures and the various confirmatory tests after isolation.

COMPARATIVE ETIOLOGY OF INFECTIOUS DISEASES.

Professor T. SMITH.

(Answer three questions only.)

1. Briefly outline the great groups of micro-organisms which act as parasites and give a few salient characters of each.
2. Describe the paths by which the micro-organisms of the following diseases may enter and leave the body: Anthrax, tuberculosis, and rabies. What are the chief vehicles of infection?
3. How is diphtheria toxin made harmless and how are the bacteria of typhoid and Asiatic cholera destroyed in the body? Describe the mechanism in each case.
4. What bodies may appear in the blood serum of an animal after the repeated injection of blood from another species? How would you demonstrate their presence?
5. What different methods have been devised to produce active immunity towards infectious agents in man and higher animals? Describe and give illustrations.

CLINICAL MICROSCOPY.—Dr. WHITNEY.

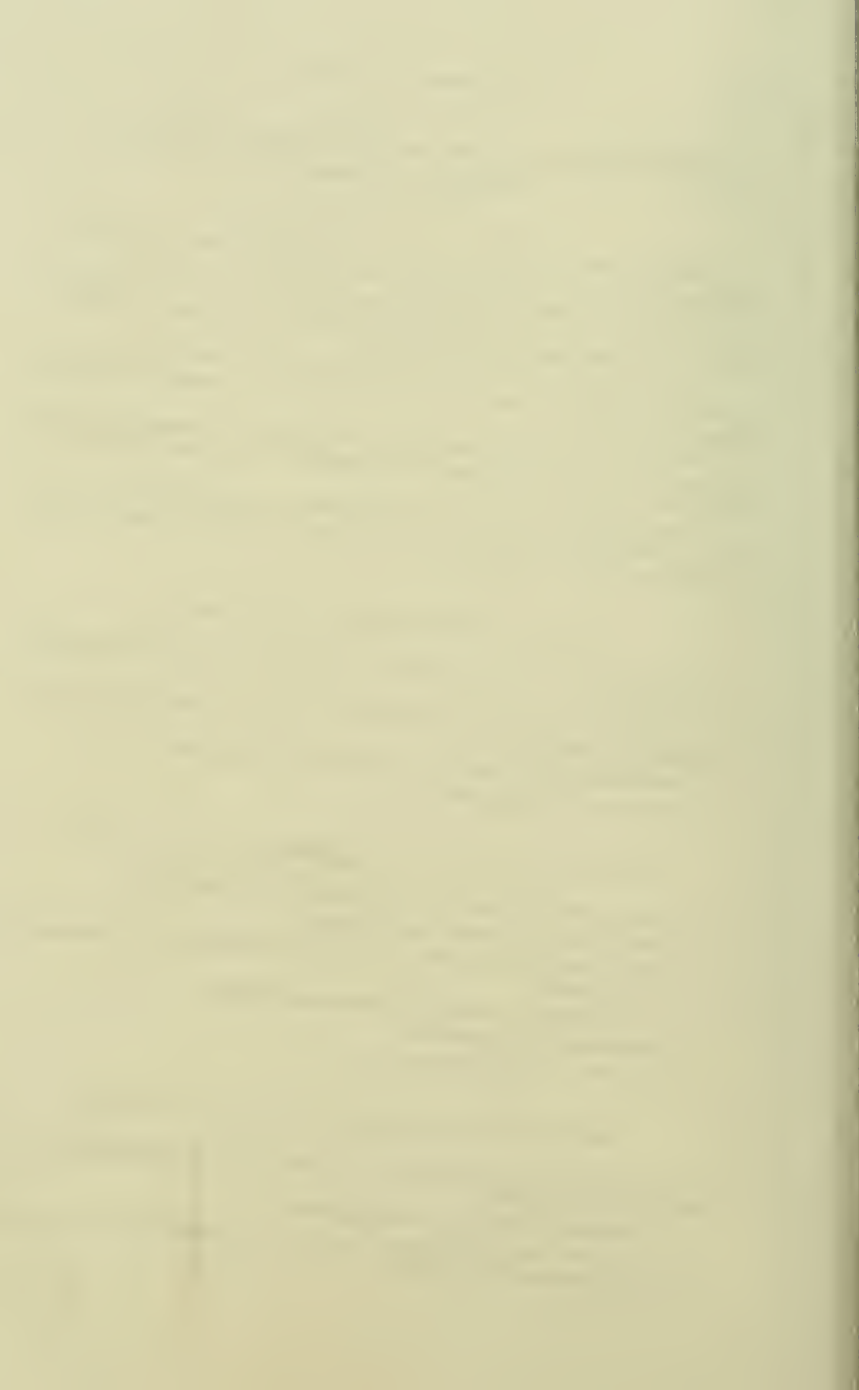
1. What are the different forms of endometritis and their microscopic characteristics?
2. What are the differences between a cancer and sarcoma to the eye and microscopically?
3. What are the different types of cancer of the breast?
4. Diagnosis of specimens.

OPERATIVE SURGERY.—Professor M. H. RICHARDSON.

1. How would you remove a stone from the common duct?
2. Describe the operation for empyema.
3. How would you operate for the hæmorrhage of extra-uterine pregnancy?
4. Trephining for middle meningeal hæmorrhage.
5. Amputation of upper arm.
6. Ligature of subclavian artery.

ORTHOPEDIC SURGERY.—Professor BRADFORD.

1. Describe the simplest form of apparatus used in infantile paralysis of the lower extremity.
2. What is it expected to accomplish?
3. Describe the pathological course of an untreated case of a tuberculous affection of the hip joint.



4. What are the most important chronic diseases which attack the joints?
5. Give briefly the pathological changes to be found in each.
6. In what way can apparatus aid in the cure of tuberculous disease of the hip joint?
7. Describe in detail such forms of apparatus.
8. In what way can mechanical aid be of assistance in the treatment of caries of the spine?
9. Describe the operative treatment of rachitic curves of the lower extremities.
10. Describe the operative treatment of chronic tuberculous disease of the ankle.

OPERATIVE OBSTETRICS.—Associate Professor C. M. GREEN.

1. A multipara, first seen after six hours of labor, is found to present the head, O.D.P. The membranes are unruptured, the os uteri fully dilatable: the head is lightly engaged by the occipito-frontal diameter, so that the brow dips into the left anterior pelvic quadrant. The pelvic measurements are normal; the child is estimated to weigh nine pounds. Mother and child are in excellent condition. Discuss your subsequent treatment of the case, and outline any operation you may perform.
2. A multigravida, living seven miles from her physician, is seen in consultation, late in her eighth calendar month, on account of two rather severe attacks of uterine hæmorrhage. The patient is found to be in fair condition, although showing the effects of her last hæmorrhage; the foetus is alive, and is in left anterior position. Through the slightly patulous and softened cervix the placenta is found to partially cover the os. The presenting part is not reached, for fear of rupturing the membranes; but by external palpation the head is felt in the lower uterine segment. Outline the treatment you would advise in this case; and, if this treatment involves any operation, describe it.
3. Enumerate the sources of post-partum bleeding, and state concisely the treatment you would employ in dealing with hæmorrhage from each source mentioned.
4. A quadripara, seen in consultation after labor has lasted twenty-four hours, is found with a temperature of 102° F., and with a pulse of 132 of poor quality. The pains are short and irregular; the uterus is in a state of tonic spasm. The foetus is firmly engaged in the brim by the occipito-frontal diameter; the supra-orbital ridges can just be reached high in the right posterior pelvic quadrant. The foetal heart sounds are faintly audible.—rapid and intermittent. State concisely your treatment of the case from this time, and give the important steps of any operation you may perform.

GYNAECOLOGY.—Associate Professor C. M. GREEN.

(As far as possible, illustrate your work with diagrams.)

1. Acute torsion of the pedicle of an ovarian cyst: aetiology, pathological results, diagnosis, prognosis, treatment?

2. Tubal pregnancy: outline the development and course of gestation, with concomitant symptoms, and indicate the treatment according to conditions.

3. Define myomectomy and hysterectomy. In a case of multiple fibroids what conditions would influence your choice of operation? Describe concisely the technique of myomectomy in a subserous growth.

4. Chronic retroflexion of the uterus, without adhesions, in a multipara of 32 in whom pessary treatment has failed: give the technique of the operation of your choice for the relief of this condition.

5. Laceration of the cervix uteri, with hyperplasia, eversion, and endometritis: define your choice of operation as between amputation and trachelorrhaphy. Describe concisely the technique of the operation of your election.

DERMATOLOGY.—Dr. WHITE.

[Write all prescriptions in full.]

1. Write a good description of dermatitis herpetiformis and discuss the various methods of its treatment.

2. A man who lives on a farm and spends much of his time in driving, states that ten weeks ago he noticed a superficial pustule on the front of his neck where his collar button rubs. This lesion was followed by other similar pustules at several points in his beard and on his wrist. From these primary seats the disease spread until, at entrance to the hospital, the patient's beard from one angle of the jaw to the other and from the jaw bone above to the lower edge of the beard below was a mass of deeply infiltrated tissue covered with soft, red, fluctuating, closely aggregated abscesses. On traction the hairs came away easily and, on inspection, every hair seemed surrounded by a mantle of pus. The wrist lesion appeared as a circular, raised, boggy plaque, more than an inch in diameter and covered with a mass of pustules.

What disease is present? Give a full differential diagnosis and prescribe a suitable method of treatment.

3. State fully the general and the local treatment of alopecia furfuracea.

4. A young woman has on the back of her left leg, two inches below the calf, a small, nearly circular ulcer which is rather indolent looking, with a sloping margin and a reddish, sluggish floor. All around this ulcer is a deeply infiltrated, rather firm, sharply bounded mass not particularly sensitive to pressure and covered with a dull red skin. The history given is that a deep nodule appeared about one year previously and had gradually increased in size without any great inconvenience to the patient. One month before her visit to the hospital the mass had ulcerated on top and the whole area had become somewhat painful. The patient was not strong

and belonged to a family where tuberculosis in one form or another had been observed in several instances.

What disease is present?

5. Describe some of the methods in vogue for the removal of warts.

NEUROLOGY.—Dr. WALTON.

1. How determine the seat of the lesion causing facial paralysis?
2. Friedreich's ataxia, symptomatology and pathology.
3. Differential diagnosis of convulsions.
4. Operability of brain tumors.

CASE.—A man of 31, with a good family and previous history, had used tobacco freely and alcohol moderately, and had several months before indulged once in illicit intercourse, but had noticed no signs of venereal disease following. The last of December he was suddenly attacked with severe headache and vertigo, so that he could not walk. The headache was worse at night and was attended with some vomiting. This was followed by double vision, a numb sensation on the left side which varied in extent and severity and at times led him to drop objects held in the left hand, and by a tendency to go to the left when he walked. On examination it was found that the pupils were normal. He could not turn the right eye outward beyond the median line. The field of vision and the fundus of the eye were normal. There was a slight diminution of nerve perception in both ears and a slightly lessened perception of low tones in the right ear as compared with the left. There was inability to move the right side of the face as well as the left. The grasp of the left hand was 45 kilograms, that of the right 60. There was a little uncertainty in touching the nose with the left forefinger with the eyes shut. Sensation to touch was a trifle less in the left hand, and he did not recognize familiar objects as promptly when placed in that hand. Other forms of sensibility were normal and the area of diminished tactile sensibility was not well defined. The knee-jerk was livelier on the left side and a front tap contraction could be obtained only on the left side. The abdominal and epigastric reflexes were livelier on the right side; the plantar reflexes were equal and normal. The headache and vertigo recurred occasionally, but were not as severe as at the onset.

Diagnosis? Prognosis? Treatment?

An intelligent discussion of the case is of the greatest importance. It may be assumed that other symptoms are absent, but you may mention any additional symptoms which would seem to you essential for an intelligent consideration of the case.

OPHTHALMOLOGY. — Asst. Professor STANDISH.

1. The Helmholtz theory of accommodation.
2. Trachoma: description, clinical history, differential diagnosis between trachoma and follicular conjunctivitis.
3. Sympathetic inflammation: description, history, treatment.
4. Acute and simple glaucoma: clinical history, treatment of each.
5. Myopia: life history of a simple case, what complications may arise in a progressive case.

OTOLOGY. — Professor BLAKE.

1. Enumerate the normal openings in the walls of the tympanum and give their relative positions.
2. Describe the bony labyrinth.
3. What are the functions of the tympano-pharyngeal tube, how does it act?
4. Give the pathology of an acute congestion of the tympanum, with serous exudation, resolving without suppuration.
5. Give the treatment in an acute inflammation of the tympanum of four days' duration; the drum-head is red and bulging but not perforated, the mastoid tender to pressure but without superficial swelling.
6. Give the symptoms of thrombosis of the lateral sinus.

THE MEDICAL SCHOOL.

COURSES FOR GRADUATES.

1904-05.*

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illard, Edward Arthur (<i>Dartmouth Med. Sch. Student</i>),	<i>Cambridge.</i>
oke, Snow Parker Freeman, A.B. (<i>Acadia Coll.</i>) 1882, M.D. (<i>Univ. of Pennsylvania</i>) 1886,	<i>Gloucester.</i>
oney, John Philip, M.D. (<i>Columbia Univ.</i>) 1892,	<i>Providence, R. I.</i>
eacon, Joseph Melville, M.D. (<i>Med. Dept., Univ. of Vermont</i>) 1883,	<i>Milltown, N. B.</i>
e Amezaga, Gualterius, M.D. (<i>Univ. of Genoa</i>) 1889,	<i>Boston.</i>
ezell, Frederick Burr, M.D. (<i>Albany Med. Coll.</i>) 1896,	<i>Lynn.</i>
ardner, Charles Wesley, M.D. (<i>Univ. of Maryland</i>) 1901,	<i>Boston.</i>
ehring, Norman John, M.D. (<i>Maine Med. Sch.</i>) 1899, A.B. (<i>Bowdoin Coll.</i>) 1901,	<i>Portland, Me.</i>
laddoek, Charles Whitney, M.D. 1879,	<i>Beverly.</i>
lamblen, Edward Everett, M.D. (<i>Tufts Med. Sch.</i>) 1898,	<i>Bedford.</i>

* Entering after the issue of the Catalogue of 1904-05.

Harrison, William Grace, S.B. (<i>Alabama Polytechnic Inst.</i>) 1890, M.D. (<i>Univ. of Maryland</i>) 1892,	Talladega, Ala.
Hedback, Axel Emanuel, M.D. (<i>Univ. of Minnesota</i>) 1897,	Barron, Wis.
Hewes, Henry Fox, A.B. 1890, M.D. 1895,	Boston.
Hill, Thomas Chittenden, PH.B. (<i>Univ. of Vermont</i>) 1893, M.D. (<i>ibid.</i>) 1895,	Boston.
Jones, Elgin Wilbur, M.D. (<i>New York Univ. Med. Coll.</i>) 1883,	Lynn.
Leduc, Joseph Arthur, A.B. (<i>Laval Univ.</i>) 1898, M.D. (<i>ibid.</i>) 1902,	Montreal, Can.
Lowney, Jeremiah Joseph, M.D. 1905,	Fall River.
Luce, Dean Sherwood, M.D. 1904,	Canton.
McCrudden, Francis Henry, S.B. (<i>Mass. Inst. of Tech.</i>) 1900,	Boston.
McDonald, Samuel James, A.B. 1897, M.D. 1901,	Brighton.
Madden, William Daniel, A.M. (<i>Mt. St. Mary's Coll.</i>) 1892, M.D. (<i>Harvard Med. Sch.</i>) 1894,	Boston.
Mahoney, Francis Xavier, M.D.V. 1892, M.D. 1905,	Dorchester.
Masten, Charles Howard, M.D. (<i>Bellerue Hosp. Med. Coll.</i>) 1867,	Worcester.
Miles, George Albert, M.D. (<i>Long Island Coll. Hosp.</i>) 1891,	W. Somerville.
Morse, Charles Wheeler, M.D. (<i>Boston Univ. Sch. of Med.</i>) 1889,	Salem.
Mullin, James Heurner, M.D. (<i>Univ. of Toronto</i>) 1897,	Hamilton, Ont., Can.
Nixon, Charles Frederic, PH.G. (<i>Mass. Coll. of Pharm.</i>) 1884,	Leominster.
Normandin, Alphonse, M.D. (<i>Baltimore Univ. Sch. of Med.</i>) 1895,	New Bedford.
Norton, George Edward, PH.G. (<i>Mass. Coll. of Pharm.</i>) 1887, M.D. (<i>Med. Dept., Univ. of Vermont</i>) 1899,	Cambridge.
Palmer, Louis James (<i>Tufts Med. Sch. Student</i>),	Malden.
Perry, Arthur Reed, A.B. 1892, M.D. 1896,	Boston.
Pratte, Arthur, M.D. (<i>Laval Univ.</i>) 1893,	Hinsdale, N. H.
Raymond, Loring Hay, M.D. 1903,	Somerville.
Scudder, Charles Locke, A.B. (<i>Yale Univ.</i>) 1882, PH.B. (<i>ibid.</i>) 1883, M.D. (<i>Harvard Med. Sch.</i>) 1888,	Boston.
Sparhawk, Clement Willis, M.D. 1884,	W. Roxbury.

rnburgh, Robert Montgomery, M.D. (*Dartmouth Med. Sch.*) 1897,
 ntworth, Arthur Howard, M.D. 1891,
 ite, William Tisdale, M.D.V. 1897,
 odbury, Willard Porter, A.B. 1900, M.D. 1904,

Washington, D. C.
Boston.
Newtonville.
Beverly.

1905-06.

ley, William Washington, M.D. (*Med. Dept., Univ. of Missouri*) 1875,
 erill, George Goodwin, M.D. (*Tufts Med. Sch.*) 1896,
 Leon, Edward Sawyer, M.D. 1889,
 rk, Joseph Payson, A.B. 1882, M.D. 1887,
 rrell, John Thompson, M.D. (*Jefferson Med. Coll.*) 1886,
 ant, William Victor, M.D. (*Boston Univ. Sch. of Med.*) 1902,
 leher, Francis Joseph, A.B. (*Boston Coll.*) 1886, M.D. (*Harvard Med. Sch.*) 1890,
 lleher, Patrick Francis, M.D. (*Tufts Med. Sch.*) 1896,
 err, Isabelle Dickieson, M.D. (*Tufts Med. Sch.*) 1903,
 eClellan, John Hancock, A.B. (*Univ. of Mich.*) 1897, A.M. (*ibid.*) 1899,
 edfearn, Joseph, M.D. (*Coll. of Phys. & Surg., New York*) 1873,
 ins, Frederick Robertson, M.D. 1902,
 mith, Hervey Lewis, M.D. 1903,
 aylor, Oscar Nettleton, A.B. (*Univ. of California*) 1894, M.D. (*ibid.*) 1899,
 Vales, Ernest de Wolfe, S.B. 1896, M.D. 1899,

Ouray, Colo.

Cambridge.
Providence, R. I.
Boston.

Providence, R. I.

Lawrence.

Dorchester.

Cambridge.

Medford.

Lexington, Ky.

Hudson.

Melrose.

Smith's Ferry.

San Francisco, Cal.

Braintree.

FOURTH CLASS.

Adamian, Parnag Adam, A.B. (*Central Turkey Coll.*) 1897, B.D. (*Episcopal Theol. Sch., Cambridge*) 1901,
 Barker, Williston Wright, A.B. (*Brown Univ.*) 1902,
 Bartlett, William Bradford, A.B. 1902,
 Bigelow, Leslie Lawson, A.B. 1903,
 Birnie, John Mathews, A.B. (*Williams Coll.*) 1901,

Aintab, Turkey.

Newport, R. I.

Concord.

Columbus, O.

Springfield.

Boyd, David Martin, A.B. (<i>Wash. and Jeff. Coll.</i>) 1902,	<i>Allegheny, Pa.</i>
Bruce, Harold Milton, A.B. 1902,	<i>Chesnut Hill.</i>
Calder, Harold Granville, A.B. (<i>Brown Univ.</i>) 1902,	<i>Providence, R. I.</i>
Callahan, Henry Alphonsus, A.B. (<i>Boston Coll.</i>) 1902,	<i>Jamaica Plain.</i>
Champion, Merrill Edwin, A.B. 1902,	<i>Greenwood.</i>
Chapin, Laurence Dudley, A.B. 1902,	<i>Springfield.</i>
Chase, Gilman Leeds, A.B. 1903,	<i>Randolph.</i>
Christiernin, Charles Leonard, A.B. 1902,	<i>E. Boston.</i>
Connor, William Henry, A.B. (<i>Holy Cross Coll.</i>) 1902,	<i>Pittsfield.</i>
Corbett, Jeremiah Joseph, A.B. (<i>St. Francis Xavier's Coll.</i>) 1899,	<i>Peabody.</i>
Crosbie, Arthur Hallam, A.B. 1903,	<i>Joliet, Ill.</i>
Darling, Arthur Edwin, A.B. (<i>Bates Coll.</i>) 1902,	<i>Auburn, Me.</i>
Fassett, Fred Julius, A.B. (<i>Yale Univ.</i>) 1898,	<i>Boston.</i>
Frothingham, Channing, Jr., A.B. 1902,	<i>Brooklyn, N. Y.</i>
Godfrey, Henry White, A.B. 1902,	<i>Hampton, N. H.</i>
Goldsbury, Paul Williams, A.B. (<i>Williams Coll.</i>) 1892,	<i>Warwick.</i>
Goldthwaite, Ralph Harvard, A.B. 1903,	<i>Brighton.</i>
Green, Robert Montraville, A.B. 1902,	<i>Boston.</i>
Halliday, John, A.B. 1899,	<i>Cairo, Ill.</i>
*Hamilton, Frank Andrew,	<i>Somerville.</i>
Hatch, Ralph Augustus, S.B. 1903,	<i>Brookline.</i>
Hollings, Charles Byam, A.B. 1900,	<i>Cambridge.</i>
Holt, Charles Herbert, PH.B. (<i>Brown Univ.</i>) 1902,	<i>Pawtucket, R. I.</i>
Kinnicutt, Roger, A.B. 1902,	<i>Worcester.</i>
Knoop, William Theodore, A.B. (<i>Brown Univ.</i>) 1901,	<i>Providence, R. I.</i>
Knowlton, Roscoe Hosmer, A.B. 1903,	<i>W. Acton.</i>
Ladd, William Edwards, A.B. 1902,	<i>Milton.</i>
Leopold, Jerome Sam, A.B. 1903,	<i>Chicago, Ill.</i>
Maguire, Daniel Francis, A.B. 1903,	<i>Dorchester.</i>
Manning, John Brown, S.B. 1903,	<i>Boston.</i>
Metcalf, Carleton Ray, A.B. 1902,	<i>Cambridge.</i>
Mixter, Charles Galloupe, S.B. (<i>Mass. Inst. of Tech.</i>) 1902,	<i>Boston.</i>
Mixter, William Jason, S.B. (<i>Mass. Inst. of Tech.</i>) 1902,	<i>Boston.</i>

* Entering previous to June, 1901.

- Murphy, Francis Vincent, A.B. (*Dartmouth Coll.*) 1902, *So. Boston.*
 O'Reilly, James Areher, A.B. 1902, *St. Louis, Mo.*
 Peirce, Bradford Hendrick, A.B. 1902, *Cambridge.*
 Penhallow, Dunlap Pearee, S.B. 1903, *Montreal, Can.*
 Pillsbury, Henry Church, A.B. (*Dartmouth Coll.*) 1902, *Lowell.*
 Pollard, John William Hobbs, L.B. (*Dartmouth Coll.*) 1895, M.D. (*Univ. of Vermont*) 1901, *Rochester, N. Y.*
 Pond, Lucius Beverly, A.B. (*Yale Univ.*) 1902, *Unionville, Conn.*
 Pratt, David Damon, S.B. (*Dartmouth Coll.*) 1902, *Boston.*
 Reese, Charles Arnold, A.B. (*Brown Univ.*) 1902, *Newton Highlands.*
 Richardson, Edward Peirson, A.B. 1902, *Boston.*
 Risley, Edward Hammond, A.B. (*Yale Univ.*) 1902, *Newburyport.*
 Rowley, John Carter, A.B. 1902, *Brookline.*
 Ruggles, Arthur Hiler, A.B. (*Dartmouth Coll.*) 1902, *Jamaica Plain.*
 Sarnborn, Harvey Beede, A.B. (*Dartmouth Coll.*) 1902, *Gonic, N. H.*
 Sawyer, Wilbur Augustus, A.B. 1902, *San José, Cal.*
 Sparrow, Ernest Harold, A.B. 1902, *Cambridge.*
 Stevens, Horace Paine, A.B. 1903, *Cambridge.*
 Stone, Emil Herman, A.B. 1902, *Cleveland, O.*
 Swift, Walter Babeock, A.B. 1901, S.B. 1903, *Boston.*
 Sylvester, Philip Haskell, A.B. 1902, *Newton Centre.*
 Talty, Francis Eugene, A.B. (*Manhattan Coll.*) 1901, *Buttonwoods, R. I.*
 Trimble, James Guinne, Jr., A.B. (*Fiske Univ.*) 1902, *Nashville, Tenn.*
 Turner, Charles Sampson, PH.B. (*Brown Univ.*) 1901, A.M. (*ibid.*) 1902, *Providence, R. I.*
 Van Nüys, Fresenius, A.B. (*Univ. of Virginia*) 1899, *Cambridge.*
 Wells, Orion Vassar, A.B. (*Boston Univ.*) 1902, *Arlington Heights.*
 Wood, Benjamin Ezra, A.B. 1901, *Allston.*
 Wyman, John Howard, A.B. (*Bowdoin Coll.*) 1901, *Skowhegan, Me.*
 Young, James Herbert, S.B. 1903, *Amesbury.*

THIRD CLASS.

- Allen, Fred Harold, A.B. (*Amherst Coll.*) 1902, *Holyoke.*
 Ayer, James Bourne, Jr., A.B. 1903, *Boston.*
 Barnum, Francis Goodell, A.B. (*Amherst Coll.*) 1901, *Boston.*

Blackstone, Alfred Varney, PH.B. (<i>Brown Univ.</i>) 1903,	<i>Bridgewater.</i>
Brant, Austin Trafton, A.B. (<i>Boston Univ.</i>) 1904,	<i>Cambridge.</i>
Brown, Lloyd Thornton, A.B. 1903,	<i>Worcester.</i>
Bryant, John, Jr., A.B. 1903,	<i>Cohasset.</i>
Cady, Frederic Benjamin Mooers, A.B. 1903,	<i>Cambridge.</i>
Carr, Arthur Wyman, A.B. (<i>Williams Coll.</i>) 1902, A.M. (<i>ibid.</i>) 1903,	<i>Ashby.</i>
Congdon, Russell Thompson, A.B. (<i>Ripon Coll.</i>) 1903,	<i>Ripon, Wis.</i>
Cutter, Irving Taylor, A.B. 1903,	<i>Charlestown.</i>
Dailey, Michael Andrew, A.B. (<i>Dartmouth Coll.</i>) 1904,	<i>No. Easton.</i>
Day, Charles Orrin, Jr., A.B. (<i>Yale Univ.</i>) 1903,	<i>Andover.</i>
Devaney, Patrick Aloysius, A.B. (<i>Boston Coll.</i>) 1903,	<i>Waltham.</i>
Draper, Edwin Lyon, A.B. (<i>Univ. of Illinois</i>) 1902,	<i>Albany, N. Y.</i>
English, Martin Joseph, A.B. (<i>Holy Cross Coll.</i>) 1903,	<i>Worcester.</i>
Farnsworth, George Bourne, A.B. (<i>Bowdoin Coll.</i>) 1903,	<i>Boston.</i>
Fraser, Archibald McKay, A.B. (<i>St. Francis Xavier's Coll.</i>) 1903,	<i>E. Weymouth.</i>
Gregg, Donald, A.B. 1902,	<i>Colorado Springs, Colo.</i>
Harmer, Torr Wagner, A.B. 1903,	<i>Somerville.</i>
Heath, Charles Pliny, A.B. 1903,	<i>Wakefield.</i>
Higginbotham, Fred Augustus, S.B. (<i>Trinity Coll.</i>) 1902,	<i>Waltham.</i>
Hill, Lawrence Richardson, B.L. (<i>Dartmouth Coll.</i>) 1902,	<i>Concord, N. H.</i>
Hunt, Albert Foster, PH.B. (<i>Brown Univ.</i>) 1899,	<i>Reading.</i>
Huntington, James Lincoln, A.B. (<i>Dartmouth Coll.</i>) 1902,	<i>Leicester.</i>
Leake, James Payton, A.B. 1903,	<i>Cambridge.</i>
Lothrop, Oliver Ames, A.B. 1903,	<i>Boston.</i>
McDonald, Charles Anthony, PH.B. (<i>Brown Univ.</i>) 1903,	<i>Providence, R. I.</i>
Mathewson, Earl Jerome, A.B. (<i>Brown Univ.</i>) 1903,	<i>Central Falls, R. I.</i>
May, Benjamin Foreman, A.B. 1903,	<i>Albany, N. Y.</i>
Mudge, Otis Pope, A.B. (<i>Dartmouth Coll.</i>) 1903,	<i>Danvers.</i>
Peabody, Francis Weld, A.B. 1903,	<i>Cambridge.</i>

Perry, Sherman, A.B. (<i>Colby Coll.</i>) 1901,	<i>Camden, Me.</i>
Phipps, Cadis, A.B. 1903,	<i>Boston.</i>
Pratt, Mason Ross, A.B. 1904,	<i>Templeton.</i>
Reed, Lawrence Bradford, A.B. 1903,	<i>Brockton.</i>
Rice, John Evarts, A.B. (<i>Boston Univ.</i>) 1903,	<i>Worcester.</i>
Richards, Charles Maynard, A.B. (<i>Leland Stan-</i> <i>ford Jr. Univ.</i>) 1903,	<i>San José, Cal.</i>
Riley, Augustus, A.B. (<i>Oberlin Coll.</i>) 1903,	<i>Riley, Ala.</i>
Ross, Wayland,	<i>Boston.</i>
Sadler, Roy Angelo, A.B. 1904,	<i>Milford.</i>
Shaulhnessy, Michael James, A.B. (<i>Bowdoin</i> <i>Coll.</i>) 1903,	<i>Brockton.</i>
Sheahan, George Maurice, A.B. 1902,	<i>Quincy.</i>
Sidis, Boris, A.B. 1894, A.M. 1895, PH.D. 1897,	<i>Brookline.</i>
Smith, Richard Mason, A.B. (<i>Williams Coll.</i>) 1903,	<i>E. Northfield.</i>
Sobotky, Irving, S.B. (<i>Amherst Coll.</i>) 1903,	<i>Northampton.</i>
Spooner, Lesley Hinekey, A.B. 1903,	<i>Hingham.</i>
Stanwood, Frederic Arthur, A.B. (<i>Bowdoin</i> <i>Coll.</i>) 1902,	<i>Wellesley.</i>
Sturtevant, Roy Eliot, A.B. 1901, S.B. 1902,	<i>Roxbury.</i>
Supple, Edward Augustine, A.B. (<i>Boston Coll.</i>) 1903,	<i>Holliston.</i>
Swan, Lawrence Clarke, A.B. (<i>Dartmouth Coll.</i>) 1903,	<i>Stoughton.</i>
Tyler, Fred Sylvester, A.B. (<i>Yale Univ.</i>) 1895,	<i>Roxbury.</i>
Waddell, Charles Walter, A.B. (<i>West Virginia</i> <i>Univ.</i>) 1900,	<i>Brandonville, W. Va.</i>
Walker, Irving James, A.B. 1903,	<i>Malden.</i>
Wheelock, Harvey Lincoln, A.B. 1896, LL.B. (<i>Columbia Univ.</i>) 1899,	<i>Roxbury.</i>

SECOND CLASS.

Adler, Howard Felix, S.B. (<i>Univ. of California</i>) 1905,	<i>San Francisco, Cal.</i>
Baker, Harold Woods (<i>Lawrence Scientific Sch.</i> <i>Senior</i>),	<i>Waltham.</i>
Bernstein, Harry Saul, A.B. 1904,	<i>Roxbury.</i>
Black, Edward Joseph, PH.B. (<i>Brown Univ.</i>) 1904,	<i>Providence, R.I.</i>
Blanchard, Howard Parker, A.B. (<i>Brown Univ.</i>) 1901,	<i>Roxbury.</i>

* Entering previous to June, 1901.

Bond, Earl Danford, A.B. 1900,	<i>St. Paul, Minn.</i>
Booth, Ernest Lazarus, A.B. 1905 (1904),	<i>E. Boston.</i>
Boothby, Walter Meredith, A.B. 1902,	<i>Boston.</i>
Buxton, Bertram Harrington, A.B. (<i>Brown Univ.</i>)	
1904,	<i>Providence, R.I.</i>
Cahill, John William, A.B. (<i>Holy Cross Coll.</i>)	
1903,	<i>Worcester.</i>
Carlton, Frank Carr, S.B. 1903,	<i>Salem.</i>
Chase, Charles Otis, A.B. (<i>Brown Univ.</i>) 1903,	<i>Haverhill.</i>
Chase, Heman Baker, S.B. (<i>Amherst Coll.</i>) 1904,	<i>Hyannis.</i>
Collins, Arthur Nelson, A.B. (<i>Univ. of Minn.</i>)	
1902,	<i>Minneapolis, Minn.</i>
Creeley, Oscar Slade, S.B. (<i>Tufts Coll.</i>) 1903,	<i>Belmont.</i>
Curtin, John Joseph, A.B. 1905,	<i>Waltham.</i>
Daniels, Ora George, A.B. (<i>Tufts Coll.</i>) 1900,	<i>Chelsea.</i>
Denning, Frederic Joseph, A.B. 1905,	<i>So. Boston.</i>
Eveleth, Samuel Chester, A.B. (<i>Amherst Coll.</i>)	
1904,	<i>Marblehead.</i>
Fitzpatrick, Francis Joseph, A.B. (<i>Boston Coll.</i>)	
1903,	<i>Charlestown.</i>
FitzSimmons, Henry Joseph, A.B. 1903,	<i>Jamaica Plain.</i>
Gallison, James Murry, A.B. (<i>Brown Univ.</i>) 1904,	<i>Franklin.</i>
Geary, Cornelius Edward, A.B. (<i>Holy Cross Coll.</i>)	
1903,	<i>Leominster.</i>
Gray, Edward John, S.B. (<i>St. Joseph's Univ.</i>) 1904,	<i>Salisbury, N.B.</i>
Hall, Robert Granville, S.B. 1905,	<i>Worcester.</i>
Hartshorne, Isaac, A.B. (<i>Amherst Coll.</i>) 1904,	<i>Methuen.</i>
Heunelly, Thomas Patrick, A.B. (<i>Tufts Coll.</i>) 1904,	<i>Waltham.</i>
Hersey, Harold Waters, S.B. 1904,	<i>Hingham.</i>
Hildreth, Robert Dudley, S.B. (<i>Amherst Coll.</i>)	
1904,	<i>Westfield.</i>
Hiltner, Walter Garfield, S.B. (<i>Nebraska Univ.</i>)	
1904,	<i>Lincoln, Neb.</i>
Hinds, George Clarence, A.B. 1902,	<i>Allston.</i>
Hogan, Francis James, A.B. (<i>St. Francis Xavier's</i>	
<i>Coll.</i>) 1902,	<i>St. John, N. B.</i>
Holbrook, Charles Albert, A.B. 1900,	<i>Melrose.</i>
Jackson, Delbert Linscott, S.B. (<i>Dartmouth Coll.</i>)	
1904,	<i>Chelsea.</i>
James, Reginald Sears, A.B. 1905,	<i>Cambridge.</i>
Janowsky, William, Ph.B. (<i>Univ. of Rochester</i>)	
1905,	<i>Rochester, N. Y.</i>
Jantzen, Francis Thomas, A.B. 1905,	<i>Lowell.</i>

- Kever, Henry Floyd, A.B. 1905 (1904), *Schuylkill Haven, Pa.*
 Kissock, Robert James (*Harvard Coll. Senior*), *E. Boston.*
 Lane, Clarence Guy, A.B. 1905, *Woburn.*
 Lawrence, Charles Henry, Jr., A.B. 1903, *Boston.*
 Lynch, William Francis, A.N. (*Georgetown Univ.*)
 1904, *E. Weymouth.*
 McCarthy, Eugene Ambrose, A.B. (*Brown Univ.*)
 1904, *Fall River.*
 McCrudden, Francis Henry, S.B. (*Mass. Inst. of*
Tech.) 1900, *Boston.*
 McFarland, William, A.N. (*Williams Coll.*) 1904, *Greenwich, N. Y.*
 McLaughlin, Thomas Joseph, A.B. (*Mt. St.*
Mary's Coll.) 1902, A.M. (*ibid.*) 1904, *Woonsocket, R. I.*
 Maguire, John Francis, A.B. (*Boston Coll.*) 1894, *Jamaica Plain.*
 Marion, James Willis Johnson, A.B. 1904, *Allston.*
 Markolf, Harry Foster, A.N. (*Middlebury Coll.*)
 1904, *W. Rutland, Vt.*
 Marks, Henry Kovál, A.N. (*Leland Stanford Jr.*
Univ.) 1904, *San Francisco, Cal.*
 Moore, Fred Porter (*Lawrence Scientific Sch.*
Senior), *Cambridge.*
 Morrison, Hyman, A.N. 1904, *Boston.*
 Morse, George W., Jr., A.N. 1904, *Clinton.*
 Newburgh, Louis Harry, A.N. 1905 (1904), *Cincinnati, O.*
 O'Connor, Joseph William, A.N. (*Holy Cross*
Coll.) 1903, *Rutland.*
 O'Leary, Dennis Cornelius, A.N. (*Holy Cross*
Coll.) 1896, *Providence, R. I.*
 O'Sullivan, William Daniel, N.L. (*Dartmouth*
Coll.) 1900, *Lawrence.*
 Porter, Karl Byron, S.B. (*Univ. of Maine*) 1904, *Oldtown, Me.*
 Pratt, Horatio Whittemore, S.B. 1905, *Grafton.*
 Quigley, Raymond Augustine, S.B. (*Mass. Agric.*
Coll.) 1904, *Brockton.*
 Salisbury, Lucius Albert, A.B. (*Brown Univ.*)
 1904, *Sandy Creek, N. Y.*
 Sharpe, William James Clyde, A.B. 1904, *Philadelphia, Pa.*
 Smith, George Gilbert, A.B. 1905, *E. Orange, N. J.*
 Swift, John Baker, Jr., A.B. 1904, *Boston.*
 Tighe, Michael Aloysius, A.B. (*Boston Coll.*) 1903, *Lowell.*
 Toppan, Roland Lesley, A.B. 1904, *Malden.*
 Tuttle, Ralph Weare, S.B. 1905, *E. Andover, N. H.*
 Walsh, Edmund Francis, A.B. 1904, *Boston.*

Welker, Leo Edward, PH.B. (<i>Iowa Coll.</i>) 1903,	<i>Colfax, Ia.</i>
West, Frederick Orra, S.B. 1905,	<i>Woburn.</i>
Whittemore, William Stewart, A.B. 1904,	<i>Cambridge.</i>
Worthen, Clarence Field, S.B. (<i>Univ. of Vermont</i>) 1903,	<i>Barre, Vt.</i>

FIRST CLASS.

Almy, Thomas, A.B. 1905,	<i>Fall River.</i>
Ashley, Robert Warren, A.B. (<i>Univ. of Colorado</i>) 1904,	<i>Ouray, Colo.</i>
Bowditch, Harold, A.B. 1905,	<i>Jamaica Plain.</i>
†Brickley, William Joseph,	<i>Charlestown.</i>
Brigham, Francis Gorham, S.B. (<i>Colgate Univ.</i>) 1905,	<i>Flushing, N. Y.</i>
Burns, Newell Bly, A.B. 1905,	<i>Danvers.</i>
Canto, Ysidio Herrera, S.B. (<i>Boston Univ.</i>) 1900,	<i>Mérida, Mexico.</i>
Chmielinski, Harry, A.B. (<i>Holy Cross Coll.</i>) 1904,	<i>So. Boston.</i>
Conway, Charles Joseph, A.B. (<i>Holy Cross Coll.</i>) 1899,	<i>Millville.</i>
Cornish, Solon Washington, A.B. (<i>Dartmouth Coll.</i>) 1905,	<i>Carver.</i>
Crothers, Bronson, A.B. 1905,	<i>Cambridge.</i>
Crowley, Thomas Francis, A.B. (<i>Boston Coll.</i>) 1903,	<i>Holliston.</i>
Davis, Nelson Clifton (<i>Lawrence Scientific Sch.</i> <i>Senior</i>),	<i>Providence, R.I.</i>
Dennen, Ralph Waite, A.B. 1905,	<i>Waltham.</i>
Fitz, Reginald (<i>Harvard Coll. Senior</i>),	<i>Boston.</i>
Fox, Michael Bernard, A.B. (<i>Clark Univ.</i>) 1905,	<i>Worcester.</i>
Freese, John Andrew, A.B. (<i>Univ. of Illinois</i>) 1902,	<i>Cadwell, Ill.</i>
Garfield, Walter Thompson (<i>Lawrence Scientific Sch. Senior</i>),	<i>Cambridge.</i>
Garlough, Francis Earl, A.B. (<i>Bates Coll.</i>) 1900,	<i>Hillsdale, Mich.</i>
Ghoreyeb, Albert Alphonso Wood, A.B. (<i>Syrian Protestant Coll.</i>) 1904,	<i>Jaffa, Syria.</i>
Giddings, Harold Girard, A.B. 1901,	<i>Gardiner, Me.</i>
Graves, Allen Bouthrod, A.B. (<i>Dartmouth Coll.</i>) 1905,	<i>Lynchburg, Va.</i>
Greeley, Hugh Payne (<i>Harvard Coll. Senior</i>),	<i>Lexington.</i>
Greene, John Adolph, A.B. (<i>Bowdoin Coll.</i>) 1903,	<i>Boston.</i>

† Admitted by special vote of the Administrative Board.

Hall, Reverdy Morriss, Jr., A.B. 1905,	<i>Baltimore, Md.</i>
Healey, John Joseph, PH.B. (<i>Brown Univ.</i>) 1905,	<i>Providence, R.I.</i>
Hendricks, Henning Vitalis, S.B. (<i>Worcester Polytech. Inst.</i>) 1903,	<i>Holden.</i>
Hepburn, James Joseph (<i>Harvard Coll. Senior</i>),	<i>Somerville.</i>
Hermann, Otto John (<i>Harvard Coll. Senior</i>),	<i>Boston.</i>
†Heydemann, Martin,	<i>Boston.</i>
Hinds, Robert Watson, A.B. 1905,	<i>Allston.</i>
Howard, Arthur Allison, PH.B. (<i>Brown Univ.</i>) 1905,	<i>Wakefield.</i>
Hunt, Roscoe Cadwell, A.B. (<i>Carleton Coll.</i>) 1905,	<i>Blue Earth, Minn.</i>
Hurley, Daniel Joseph (<i>Harvard Coll. Senior</i>),	<i>Charlestown.</i>
Ish, George William Stanley, A.B. (<i>Yale Univ.</i>) 1905,	<i>Little Rock, Ark.</i>
Kennedy, Philip Thomas, A.B. (<i>Trinity Coll.</i>) 1905,	<i>Hartford, Conn.</i>
Kilgore, Eugene Sterling, S.B. (<i>Univ. of California</i>) 1904,	<i>Oakland, Cal.</i>
Lamson, Paul Dudley, A.B. 1905,	<i>Worcester.</i>
Laskey, Edward Philip, S.B. (<i>Dartmouth Coll.</i>) 1904,	<i>Dorset, N.H.</i>
Lyons, George Aloysius, A.B. (<i>Boston Coll.</i>) 1905,	<i>Winchester.</i>
McKenna, Edward Francis, A.B. (<i>Brown Univ.</i>) 1905,	<i>Providence, R.I.</i>
MacMillan, Andrew Louis, Jr., A.B. (<i>Dartmouth Coll.</i>) 1905,	<i>Hanover.</i>
Macomber, Donald (<i>Harvard Coll. Senior</i>),	<i>Newtonville.</i>
†Madden, John Joseph, PHARM.D. (<i>Mass. Coll. of Pharm.</i>) 1903,	<i>Worcester.</i>
Manton, Walter Williamson, A.B. 1905,	<i>Detroit, Mich.</i>
Miller, William Theodore, Jr., A.B. (<i>Adelbert Coll.</i>) 1905,	<i>Cleveland, O.</i>
Neill, Mather Humphrey, A.B. (<i>Amherst Coll.</i>) 1905,	<i>Boston.</i>
Nelson, Christian Augustus, A.B. (<i>Brown Univ.</i>) 1903,	<i>Quincy.</i>
Niles, John Otis Garfield (<i>Harvard Coll. Senior</i>),	<i>Boston.</i>
Noonan, William Andrew (<i>Harvard Coll. Senior</i>),	<i>Cambridge.</i>
†O'Donoghue, Edward John,	<i>Peterboro, N.H.</i>
O'Keeffe, James Vincent, A.B. 1905,	<i>Revere.</i>
Overlander, John Eliot, PH.B. (<i>Yale Univ.</i>) 1905,	<i>Hiawatha, Kan.</i>
Parker, Willard Stephen (<i>Harvard Coll. Senior</i>),	<i>Piqua, O.</i>

† Admitted by special vote of the Administrative Board.

- Patch, Arthur Lionel. A.B. (*Brown Univ.*) 1904. *Stoneham.*
- Pemberton, Frank Arthur (*Lawrence Scientific Sch. Senior*), *Auburndale.*
- Power, George Aloysius. A.B. (*Holy Cross Coll.*) 1905, *Worcester.*
- Preble, William Emerson. A.B. (*Bowdoin Coll.*) 1898, *Litchfield, Me.*
- Prescott, George Lincoln (*Harvard Coll. Senior*), *Concord.*
- Reid, William Duncan (*Harvard Coll. Senior*), *Newton.*
- Riley, William Bernard. A.B. (*Holy Cross Coll.*) 1905, *Central Falls, R.I.*
- Rounseville, Wilfred Ellsworth, S.B. (*Amherst Coll.*) 1905, *Attleboro.*
- Sampson, Edwin Field (*Lawrence Scientific Sch. Senior*), *Newtonville.*
- Smith, Harold Heber. A.B. (*Leland Stanford Jr. Univ.*) 1905, *Worcester.*
- Smyth, Duncan Campbell, A.B. (*St. Francis Xavier's Coll.*) 1905, *Port Hood, N.S.*
- Soule, William Lamson. A.B. (*Colby Coll.*) 1890, M.D. (*Boston Univ.*) 1896, *Waterville, Me.*
- Sparrow, Charles Atsatt (*Amherst Coll. Senior*), *Mattapoisett.*
- Stack, John Joseph. A.B. (*Holy Cross Coll.*) 1902, *Boston.*
- Stankard, Thomas Francis, A.B. (*Holy Cross Coll.*) 1904, *Waltham.*
- Steinharter, Edgar Clifford (*Mass. Inst. of Tech. Senior*), *Cincinnati, O.*
- Sullivan, John Henry, Jr., A.B. (*Boston Coll.*) 1903, *Dorchester.*
- Swain, Loring Tiffany, A.B. 1905, *Cambridge.*
- Titus, Raymond Stanton, A.B. 1905, *No. Haverhill, N.H.*
- Tron, Stanley Emanuele (*Royal Liceo Gioberti, Turin, Italy*), 1903, *Torre Pellice, Italy.*
- Walker, William Joseph, A.B. (*Holy Cross Coll.*) 1904, *Providence, R.I.*
- Webster, Harrison Briggs, A.B. 1905, *Cohasset.*
- Wilkiemeyer, Frederick Joseph, A.B. (*Christian Brothers' Coll.*) *Newport, Ky.*
- Wilkins, Samuel Henry, Jr. A.B. (*Dartmouth Coll.*) 1905, *W. Somerville.*
- Young, Edward Lorraine, Jr. (*Harvard Coll. Senior*), *No. Hanover.*

SUMMARY.

IN COURSES FOR GRADUATES, 1905-06 (to Oct. 18) . .	15
FOURTH CLASS	66
THIRD CLASS	55
SECOND CLASS	72
FIRST CLASS	79
TOTAL	287

In Courses for Graduates, 1904-05, after publication of Catalogue for 1905-06	46
In Summer Courses, 1905	173

THE SUMMER SCHOOL OF MEDICINE.



Alsever, William Dewey, S.B. (<i>Syracuse Univ.</i>) 1896, M.D. (<i>ibid.</i>) 1900,	<i>Syracuse, N. Y.</i>
Amsden, Henry Hubbard, CH.B. (<i>Boston Univ.</i>) 1895, M.D. (<i>ibid.</i>) 1896,	<i>Attleboro.</i>
Auer, John, S.B. (<i>Univ. of Michigan</i>) 1898, M.D. (<i>Johns Hopkins Med. Sch.</i>) 1902,	<i>New York, N. Y.</i>
Ayer, James Bourne, Jr., A.B. 1903,	<i>Boston.</i>
Bacon, Newton Samuel, A.B. 1895, M.D. 1899,	<i>Cambridge.</i>
Balboni, Gerardo Monari, M.D. 1904,	<i>Boston.</i>
Baldauf, Leon Kahn, A.B. (<i>Johns Hopkins Univ.</i>) 1901, M.D. (<i>ibid.</i>) 1905,	<i>Henderson, Ky.</i>
Baldwin, Jane North, M.D. (<i>Cornell Univ. Med.</i> <i>Sch.</i>) 1900,	<i>Rutland, Vt.</i>
Barnum, Francis Goodell, A.B. (<i>Amherst Coll.</i>) 1901,	<i>Auburndale.</i>
Barry, Joseph Francis,	<i>New York, N. Y.</i>
Bassow, George Joseph, M.D. (<i>Baltimore Univ.</i> <i>Sch. of Med.</i>) 1899,	<i>Athol.</i>
Behan, Richard Joseph, M.D. (<i>Western Penna.</i> <i>Med. Sch.</i>) 1902,	<i>Pittsburg, Pa.</i>
Bitzer, Emory West, M.D. (<i>Univ. of Virginia</i>) 1903,	<i>Lexington, Va.</i>
Blackman, Alfred Atwater, M.D. (<i>Denver Sch. of</i> <i>Med.</i>) 1902,	<i>Colorado Springs, Co.</i>
Blakely, David Newton, A.B. (<i>Dartmouth Coll.</i>) 1889, M.D. (<i>ibid.</i>) 1896,	<i>Roxbury.</i>
Bloomberg, Senior, M.D. (<i>Western Penna. Med.</i> <i>Sch.</i>) 1905,	<i>Pittsburg, Pa.</i>
Bommarito, Paolo,	<i>Boston.</i>
Boyd, David Hartin, A.B. (<i>Washington and Jeffer-</i> <i>son Coll.</i>) 1902,	<i>Allegheny, Pa.</i>
Bridge, Albert Wellington, M.D. (<i>Medical Dept.,</i> <i>Univ. of Vermont</i>) 1905,	<i>Frelighsburg, Can.</i>
Bridge, John Law, S.B. (<i>Wesleyan Univ.</i>) 1888, M.D. (<i>Harvard Med. Sch.</i>) 1903,	<i>Thompsonville, Ct.</i>

- Bryant, John, Jr., A.B. 1903, *Cohasset.*
 Burnham, Mary Lilliah, M.D. (*Woman's Medical Coll. of Pennsylvania*) 1896, *Chinanfu, China.*
 Butterworth, William Walton, M.D. (*Medical Dept., Tulane Univ.*) 1894, *New Orleans, La.*
 Cahill, Francis Joseph, A.B. (*Cornell Univ.*) 1903, *Hoosick Falls, N. Y.*
 Carey, Francis Arthur, M.D. (*Baltimore Medical Coll.*) 1905, *Taunton.*
 Carlton, Frank Carr, S.B. 1903, *Salem.*
 Carvill, Lizzie Maud, A.B. (*Tufts Coll.*) 1899, *Somerville.*
 Chace, Fenner Albert, A.B. 1897, M.D. 1905, *Fall River.*
 Cheney, William Elisha, M.D. 1890, *Boston.*
 Clarke, Israel James, M.D. (*New York Univ.*) 1883, *Haverhill.*
 Cleaves, Harry Franklin, *Bar Harbor, Me.*
 Cobb, Charles Duane, M.D. (*St. Louis Univ.*) 1904, *Neponset.*
 Condict, Alice Byram, M.D. (*Chicago Homeop. Med. Sch.*) 1883, *Morristown, N.J.*
 Coté, Honore J, M.D. (*Tufts Med. Sch.*) 1899, *Boston.*
 Couret, Maurice, A.M. (*Jesuits' Coll., New Orleans, La.*) 1893, M.D. (*Medical Dept., Tulane Univ.*) 1896, *New Orleans, La.*
 Cousens, Nicholas William, M.D. (*Trinity Univ., Toronto, Can.*) 1891, *Waltham.*
 Cox, Joseph Ambrose, M.D. (*Albany Med. Coll.*) 1901, *Albany, N. Y.*
 Cragin, Charles Langmaid, M.D. (*Medical Sch. of Maine*) 1904, *Norway, Me.*
 Crockett, Montgomery Adams, A.B. (*Harvard Univ.*) 1882, M.D. (*Bellevue Hospital Med. Coll.*) 1885, *Buffalo, N. Y.*
 Croston, John Francis, M.D. (*Univ. of New York*) 1880, *Haverhill.*
 Curran, George Robert, M.D. (*Univ. of Michigan*) 1892, *Mankato, Minn.*
 Cushman, Marshall Laurence, *Brockton.*
 Cutter, Irving Taylor, A.B. 1903, *Brookline.*
 Dailey, Michael Andrew, A.B. (*Dartmouth Coll.*) 1904, *No. Easton.*
 Daly, Timothy Joseph, M.D. 1897, *Lawrence.*
 Dana, Harold Ward, A.B. 1900, M.D. 1905, *Boston.*
 Davis, Ernest Leland, *Springfield.*

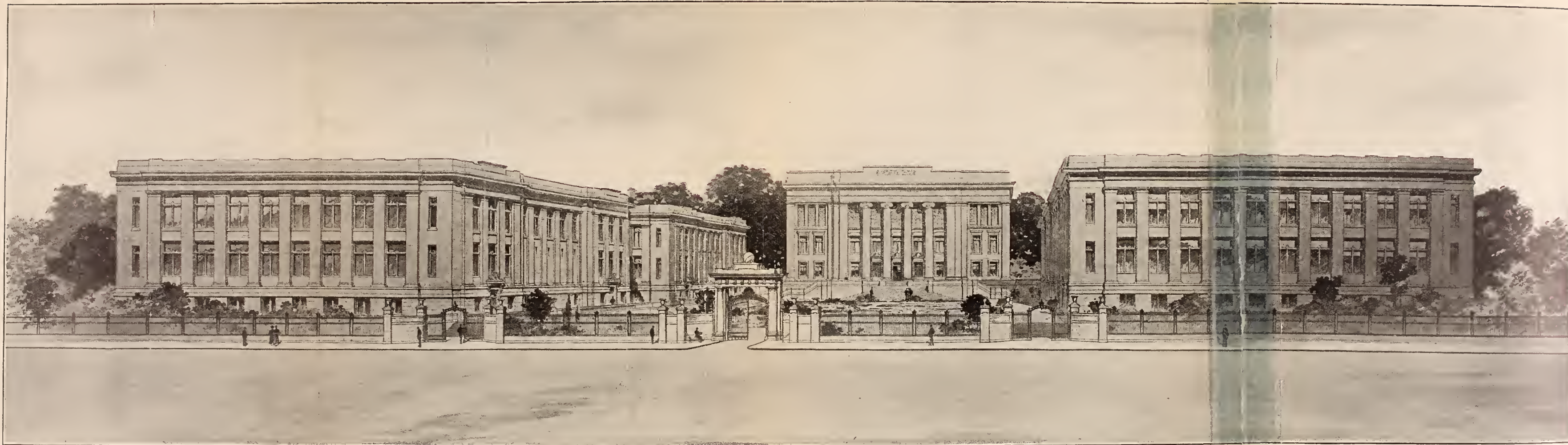
- Davis, Nelson Clifton, *Providence, R.I.*
 Day, Charles Orrin, Jr., A.B. (*Yale Univ.*) 1903, *Andover.*
 Derby, Arthur Putnam, M.D. (*Univ. of Virginia*)
 1904, *Gordonsville, Va.*
 Derr, John Sebastien, M.D. (*Univ. of Virginia*)
 1905, *Boston.*
 Derry, Louis Andrew, A.B. (*Holy Cross Coll.*)
 1902, *Portland, Me.*
 Dickinson, Elijah Thomas, S.B. (*Trinity Coll.,*
N.C.) 1894, M.D. (*Medical Coll. of Virginia*)
 1895, *Fremont, N.C.*
 Dobson, Josie Helen, *Washington, D.C.*
 Donnelly, James Harvey, A.B. (*Williams Coll.*)
 1894, M.D. (*Boston Univ. Sch. of Med.*) 1897, *Hoosick, N.Y.*
 Donnelly, William Henry, M.D. (*Baltimore Medi-*
cal Coll.) 1904, *Neponset.*
 Doust, Henry Burton, M.D. (*Coll. of Medicine,*
Syracuse Univ.) 1900, *Syracuse, N.Y.*
 Drake, Arthur Knowlton, M.D. 1898, *Bristol, N.H.*
 Drury, Dana Warren, M.D. 1904, *Roxbury.*
 Durant, Charles Edwin, M.D. 1885, *Haverhill.*
 Farnsworth, George Bourne, A.B. (*Bowdoin Coll.*)
 1903, *Boston.*
 Ferguson, Walter Smith, M.D. (*Univ. of Virginia*)
 1905, *Lynchburg, Va.*
 Ferren, Frank Leslie, *Levant, Me.*
 Fisher, Stanwood Elmer, *Portland, Me.*
 Fitzgerald, Clara Pauline, M.D. (*Woman's Med.*
Coll. of Pennsylvania) 1897, *Worcester.*
 Foster, George Sanford, *Boston.*
 Freese, John Andrew, A.B. (*Univ. of Illinois*)
 1902, *Cadwell, Ill.*
 Fuller, Edwin Motley, Jr., A.B. (*Bowdoin Coll.*)
 1901, M.D. (*Med. Sch. of Maine*) 1904, *Bath, Me.*
 Garnett, Alexander Yelverton Peyton, *Earlehurst, Va.*
 Gehring, Edwin Wagner, S.B. (*Cornell Univ.*)
 1900, M.D. (*Med. Sch. of Maine*) 1904, *Portland, Me.*
 Gibson, Arthur Robert, *Buffalo, N.Y.*
 Goodell, William, A.B. (*Amherst Coll.*) 1901, M.D.
 (*Harvard Med. Sch.*) 1905, *Amherst.*
 Gould, Arthur Richard, M.D. (*Baltimore Med.*
Coll.) 1903, *Seattle, Wash.*
 Gove, Harry Frederick, M.D. (*Boston Univ. Sch.*
of Med.) 1900, *Chelsea.*

- Halsey, John Taylor, M.D. (*Coll. of Phys. & Surg., New York*) 1893, *New Orleans, La.*
 Hamilton, Allen, A.B. (*Williams Coll.*) 1898, M.D. (*Coll. of Phys. & Surg., New York*) 1902, *Fort Wayne, Ind.*
 Hamilton, Frank Andrew, *Somerville.*
 Hanson, William Clinton, A.B. 1899, *Cambridge.*
 Harlow, William Page, M.D. (*Univ. of Michigan*) 1899, *Boulder, Colo.*
 Hebert, Joseph Second, M.D. (*Med. Dept., Tulane Univ.*) 1901, *New Orleans, La.*
 Hills, Charles Everett, M.D. (*Dartmouth Med. Sch.*) 1901, *So. Natick.*
 Hinchey, Richard, M.D. 1898, *Waltham.*
 Hooker, Edward Dwight, M.D. 1884, *Arlington.*
 Hope, Robert, *Wellington, Australia.*
 Hubbell, Adelbert Merton, M.D. (*Boston Univ. Sch. of Med.*) 1889, *Haverhill.*
 Huntington, James Lincoln, A.B. (*Dartmouth Coll.*) 1902, *Cambridge.*
 Jillson, Franklin Campbell, M.D. 1886, *W. Roxbury.*
 Johnson, Loren Bascom Taber, M.D. (*Georgetown Univ.*) 1900, *Washington, D. C.*
 Jones, Frederick Elmer, M.D. (*Baltimore Univ. Sch. of Med.*) 1897, *Roxbury.*
 King, Charles Lee, M.D. (*Northwestern Univ.*) 1880, *Pasadena, Cal.*
 Kistler, Herbert Daniel, S.B. (*St. Louis Univ.*) 1905, M.D. (*ibid.*) 1905, *Clinton, Mo.*
 Knowles, William Fletcher, M.D. 1885, *Boston.*
 La Rose, Victor Joseph, M.D. (*Univ. of Minnesota*) 1901, *Mandan, No. Dak.*
 Lawson, Stuart Johnston, M.D. (*Univ. of Virginia*) 1905, *Burkes Garden, Va.*
 Leathers, Waller Smith, M.D. (*Univ. of Virginia*) 1895, *University, Miss.*
 Lee, William Philander, M.D. (*Univ. of Minnesota*) 1894, *Fairfax, Minn.*
 Leonard, William Humphrey, M.D. (*New York Homeop. Med. Coll. & Hosp.*) 1891, *Tully, N. Y.*
 Leopold, Jerome Sam, A.B. 1903, *Chicago, Ill.*
 Lobo, José Paulo Filomeno Piedade Martinto, M.D. (*Medico-Chirurgical Sch., Lisbon, Portugal*) 1900, *Fall River.*

- Logan, Samuel, M.D. (*Med. Dept., Tulane Univ.*) 1900, *New Orleans, La.*
- Lothrop, Oliver Ames, A.B. 1903, *Boston.*
- Love, Andrew Jackson, M.D. (*McHarry Med. Coll.*) 1890, *Chattanooga, Tenn.*
- Lowney, John Francis, M.D. (*Tufts Med. Sch.*) 1900, *Fall River.*
- Lowney, Jeremiah Joseph, M.D. 1905, *Fall River.*
- Lyons, Randolph, A.B. (*Yale Univ.*) 1903, *New Orleans, La.*
- McCarthy, Timothy Francis, A.B. (*Holy Cross Coll.*) 1892, M.D. (*Harvard Med. Sch.*) 1896, *E. Boston.*
- McCormick, Cornelius Joseph, M.D. 1876, *Waltham.*
- McFarland, William, A.B. (*Williams Coll.*) 1904, *Greenwich, N. Y.*
- McGrath, Bernard Francis, A.B. (*Georgetown Univ.*) 1894, M.D. (*ibid.*) 1895, *Beverly.*
- Macht, David Israel, A.B. (*Johns Hopkins Univ.*) 1902, *Baltimore, Md.*
- McKee, George Joseph, *Allegheny, Pa.*
- McLanghlin, Harry Valentine, L.R.C.P. (*Edinburgh*), L.R.C.S. (*Dublin*) 1884, *Brookline.*
- McSweeney, Roland, M.D. (*Med. Dept., Univ. of Vermont*) 1892, *St. Johnsbury, Vt.*
- Mahoney, Francis Xavier, M.D.V. 1892, M.D. 1905, *Dorchester.*
- May, Benjamin Foreman, A.B. 1903, *Albany, N. Y.*
- Meis, Edward William, M.D. (*Med. Dept., State Univ. of Iowa*) 1900, *Carroll, Ia.*
- Miles, George Albert, M.D. (*Long Island Coll. Hosp.*) 1891, *W. Somerville.*
- Miller, Malcolm Dean, A.B. 1901, M.D. 1905, *Cambridge.*
- Mitchell, Arthur, M.D. (*Boston Univ. Sch. of Med.*) 1886, *Medfield.*
- Mitchell, Sidney, Jr. *Saranac, N. Y.*
- Mosher, Marshall James, M.D. (*Med. Dept. Univ. of Vermont*) 1889, *Waltham.*
- Newell, Harry Ward, A.B. (*Dartmouth Coll.*) 1895, M.D. (*Baltimore Med. Coll.*) 1900, *W. Derry, N. H.*
- Norton, Daniel Capron, S.B. (*Dartmouth Coll.*) 1904, *New Britain, Conn.*
- Noyes, Guy Lincoln, M.D. (*Univ. of Michigan*) 1901, *Columbia, Mo.*
- O'Brien, Daniel Paul, M.D. 1904, *Chelsea.*
- O'Connor, John Christopher, S.B. (*Dartmouth Coll.*) 1902, M.D. (*Med. Sch. of Maine*) 1905, *Bradford.*

- Pardo, Oscar, *Rochester, N. Y.*
- Parke, Thomas Duke, M.D. (*New York Univ.*) 1879, *Birmingham, Ala.*
- Parker, Trueman Alfred, A.B. (*Hampden-Sidney Coll.*) 1895, M.D. (*Univ. Coll. of Med., Richmond, Va.*) 1899, *Richmond, Va.*
- Peabody, Francis Weld, A.B. 1903, *Cambridge.*
- Peebles, Alvin Roy, *Grand Rapids, Mich.*
- Perkins, Harry Bradford, M.D. (*Med. Dept., Univ. of Vermont*) 1903, *Bakersville, Vt.*
- Phelps, William Davies, *Cambridge.*
- Pike, Forrest Fay, M.D. 1898, *Melrose.*
- Pollard, John Beverley, M.D. (*Univ. of Virginia*) 1904, *Charlottesville, Va.*
- Pollard, John William Hobbs, B.L. (*Dartmouth Coll.*) 1895, M.D. (*Med. Dept., Univ. of Vermont*) 1901, *Haverhill.*
- Potter, Peter, S.M. (*Univ. of Missouri*) 1903, M.D. (*ibid.*) 1903, *St. Louis, Mo.*
- Powers, Herbert Hale, S.B. (*Wesleyan Univ.*) 1900, M.D. (*Miami Med. Coll.*) 1904, *Brookline.*
- Pratt, George Loring, A.B. (*Bowdoin Coll.*) 1901, M.D. (*Med. Sch. of Maine*) 1904, *Farmington, Me.*
- Priest, Herbert Bancroft, A.B. 1897, M.D. 1901, *Groton.*
- Ramstad, Niles Oliver, M.D. (*Univ. of Minnesota*) 1899, *Bismarck, No. Dak.*
- Reimond, Sidney Dillon, A.B. (*Rust Univ.*) 1894, M.D. (*Illinois Med. Coll.*) 1897, *Jackson, Miss.*
- Reed, Lawrence Bradford, A.B. 1903, *Brockton.*
- Reynolds, John Timothy, M.D. (*Baltimore Med. Coll.*) 1905, *Woburn.*
- Roberts, Stewart Ralph, M.D. (*Atlanta Coll. of Phys. & Surg.*) 1900, A.B. (*Emory Coll.*) 1902, S.B., S.M. (*Univ. of Chicago*) 1904, *Oxford, Ga.*
- Rowley, William, M.D. (*Baltimore Med. Coll.*) 1893, *Gloucester.*
- Russell, James Percy, A.B. (*Bowdoin Coll.*) 1897, M.D. (*Med. Sch. of Maine*) 1903, *Augusta, Me.*
- Sailer, Roy Angelo, A.B. 1904, *Milford.*
- Scott, Ernest Winfield, *Eudora, Ark.*
- Seelye, Walter Clark, A.B. (*Amherst Coll.*) 1895, M.D. (*Harvard Med. Sch.*) 1899, *Worcester.*
- Shaw, John Joseph, Jr. *Providence, R.I.*

- Sheahan, George Maurice, A.B. 1902, Quincy.
- Smith, Charles Leonard, A.B. (*State Univ. of Iowa*) 1891, M.D. (*ibid.*) 1904, Sioux City, Ia.
- Smith, Peter Mathew, M.D. (*Georgetown Univ.*) 1894, Boston.
- Soule, William Lamson, A.B. (*Colby Coll.*) 1890, M.D. (*Boston Univ. Sch. of Med.*) 1896, Brighton.
- Southwick, George Rinaldo, M.D. (*Harvard Med. Sch.*) 1898, L.R.C.P. (*London*) 1904, M.R.C.S. (*England*) 1904, Boston.
- Sprague, Frank Bradford, M.D. (*Med. Dept., Univ. of Vermont*) 1889, Providence, R.I.
- Sterling, Eunice Blanche, M.D. (*Woman's Med. Coll. of Baltimore*) 1905, Baltimore, Md.
- Stone, Ellen Appleton, A.B. (*Radcliffe Coll.*) 1895, A.M. (*Brown Univ.*) 1896, M.D. (*Johns Hopkins Med. Sch.*) 1900, Providence, R.I.
- Strong, Lawrence Watson, A.B. 1892, M.D. 1896, Waban.
- Sturtevant, Roy Eliot, A.B. 1901, S.B. 1902, Roxbury.
- Taylor-Jones, Louise, A.B. (*Wellesley Coll.*) 1896, S.M. (*Columbian Univ.*) 1898, M.D. (*Johns Hopkins Med. Sch.*) 1903, Washington, D.C.
- Tindolph, Lea Woodsworth, Charlottesville, Va.
- Travis, Catherine Hutchison, A.B. (*McGill Univ.*) 1895, M.D. (*Johns Hopkins Med. Sch.*) 1903, New Britain, Conn.
- Tuffs, Edward Gilbert, M.D. (*New York Univ.*) 1879, New York, N.Y.
- Vinal, Charles Renough, Dorchester.
- Watkins, Anderson, M.D. (*Med. Dept., Arkansas Univ.*) 1897, Little Rock, Ark.
- Welpton, Hugh Gilman, M.D. (*Drake Univ.*) 1896, Des Moines, Ia.
- Weyssse, Arthur Wisswald, A.M. 1892, PH.D. 1894, Boston.
- Willis, Archille Murat, M.D. (*Med. Coll. of Virginia*) 1905, Richmond, Va.
- Wills, William LeMoyne, M.D. (*Med. Dept., Univ. of Pennsylvania*) 1882, Los Angeles, Cal.
- Winslow, Guy Munroe, A.B. (*Tufts Coll.*) 1895, PH.D. (*ibid.*) 1898, Auburndale.
- Young, William Hamilton, M.D. (*Albany Med. Coll.*) 1899, Hornesville, N.Y.



THE NEW BUILDINGS OF THE HARVARD MEDICAL SCHOOL.



JUL 1965

WESBY

